Beyond ICPD and MDGs: NGOs Strategizing for Sexual and Reproductive Health and Rights in Asia-Pacific
Proceedings of the Regional Meetings:
Beyond ICPD and the MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific Region and Opportunities for NGOs at National, Regional, and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement

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Table of Contents

2 Acknowledgements

4 Foreword

6 Message from the Organisers

9 Proceedings of the Regional Meeting – Beyond ICPD and the MDGs: NGOs Strategising for SRHR in the Asia-Pacific Region:

17 Plenary 1: Universal Access to Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

23 Plenary 2: Poverty and its Impact on Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

29 Plenary 3: Food Security and Nutrition and its Impact on Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

35 Plenary 4: Climate Change and its Impact on Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

41 Plenary 5: Migration & Displacement and its Impact on Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

47 Plenary 6: Religious Extremisms and its Impact on Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

51 The Way Forward

55 Proceedings of the Regional Meeting – Opportunities for NGOs at National, Regional, and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement

65 Outcomes of the Regional Meetings:

66 Kuala Lumpur Call to Action

70 Kuala Lumpur Plan of Action

72 Asia-Pacific Partnership for SRHR & Sustainable Development

74 Annex

74 Concept Note of the Regional Meetings

76 Agenda

83 Youth Strategy Paper

85 Participants List
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ARROW and her partners completed in 2009 a 12-country report on the status of women’s sexual and reproductive health and rights (SRHR) in Asia. Key findings of this seminal report, “Reclaiming and Redefining Rights”, across the region were:

- Not a single country had achieved all the targets of the International Conference on Population and Development (ICPD). For example, unmet need for contraception and unwanted fertility was still a major issue for less-educated, low-income women resident in remote or hard-to-reach areas.
- Informed contraceptive choice was practised nowhere by service providers.
- Male responsibility for contraception remained as rhetoric.
- Eighty percent skilled attendance at birth had not been achieved in 7 of 12 countries and access to emergency obstetric care was far from accessible to women in many countries.
- Access to safe abortion was restricted by law and unsafe abortion continued to be an important cause of maternal death.
- Access to safe abortion is not only determined by legislation, but also that progressive policies need to be backed by service provision and quality of care.
- Reproductive cancers are yet to be addressed in a comprehensive and cohesive manner within the health systems in the region.
- In all the countries reviewed, women who are poor, less educated, and living in remote and/or rural areas face greater difficulties in accessing sexual and reproductive health services and realizing the autonomy of their bodies. Tribal women, women from ethnic minorities, women from lower castes, and younger women are also marginalised.

These SRHR issues occur in a region where women are lagging behind in terms of decision-making and political power; and female economic activity declined since 1990 in Bangladesh, China, Cambodia, India, Thailand, and Vietnam despite overall national economic growth. The evidence demonstrated what we have already heard from our partners working on the ground that, after all these years, governments’ uptake of the ICPD agenda has been inconsistent.

To make SRHR a political agenda, ARROW co-coordinated with Reproductive Health Matters in 2010 on a global meeting of key thinkers and academics dubbed “Repoliticising Sexual and Reproductive Health and Rights”, which looked at specific political agendas within SRHR such as universal access and human rights. In 2011, in preparation for this meeting, we embarked on a survey, which was initiated during the 6th Asia-Pacific Conference on Reproductive and Sexual Health and Rights in Yogyakarta, Indonesia to again ask NGOs in our region what the key issues of the region are, and from that, derive our thematic issues that we see presented here.

ARROW operates on certain values and principles; the wisdom—not merely of crowds—but of the right crowd. To do this well, we brought together presenters and discussants who have exceptional strengths in their own fields to help chart
and navigate these extremely critical issues in our regions. The “World Café” methodology used for the discussions allowed space for all participants to bring to the table their experiences, knowledge, and insights to shape the regional SRHR agenda. The primary reason of looking at SRHR through various linkages such as poverty, food security, migration, climate change, and universal access was to help craft SRHR, not as the small side-issue as it is often dismissed, but as that key development agenda that we know it to be. However, the overall values which guided these discussions were feminist and women-centred; rights-based; southern-centred; and focused on equality, equity, and social justice.

We are living in a pivotal moment in time. In recent years, these two regions have witnessed transformation of societies and people in ways that have been unimaginable. We have our glittering towers, our fast cars, our luxury markets, and our impressive economic growth rates at a time when the rest of the world is having the economic blues. However, for all of us who work on the ground we know this is far from true. There are deepening inequalities and inequities between and within countries. The region’s statistics are shocking.

Consider this: ADB put out in February 2012 the statement that Asia-Pacific is well on its way to conquering poverty, having reduced from 50 to 22 percent, the proportion of people living on $1.25 a day between 1990 and 2009; despite this, 65 percent of people who are malnourished are in the region (FAO, 2012). The Asia-Pacific region is home to 578 million of the world’s 925 million people who are malnourished, representing almost no change in the absolute number of hungry people in 20 years despite rapid economic growth in most countries. Of that total, 91 percent live in just six countries: India, China, Pakistan, Bangladesh, Indonesia, and the Philippines.

Our region is one of the most disaster-prone in the world, exacerbating existing vulnerabilities of people. The commodification of health has eroded the ability of people to access essential health services, including vital sexual and reproductive health services. In many societies, there has also been a return to traditional, cultural values in the onslaught of globalisation, rapid modernisation, and capitalism, and the impact has been felt greatest with regards to women’s rights and sexual and reproductive rights.

On the other hand, we witness a global wave of revitalised peoples’ movements wanting to hold their governments accountable to higher standards. Within these large global trends, there is a window of opportunity for us as NGOs working in SRHR in the next three years. The first is the ICPD review process, which is happening at the global, regional, and national levels. One part of it, the “Operational Review” presents the opportunity to use a technical positioning of critical, and much contested issues such as access to safe abortion services, young people’s access to comprehensive sexuality education, and sexual rights in a framework of technical UN document which cannot be ravaged by negotiation. The other opportunity is the proposed “World Conference on Women”, which provides the impetus for women’s equality and equity.

This incredible meeting, which brought together 127 participants from 30 countries in the Asia and Pacific regions, resulted in three key outcomes. First is a regional call to action on the critical issues that need to be fed into international review processes and considered by UN agencies, international donors, and the development industry.

The second is the formulation of a regional plan of action to operationalise our calls to governments, and regional and international bodies. The third is the formation of a group, to continue to mobilise in the region, and to work towards pushing forward on the women’s SRHR agenda in the region.

The meeting also enabled the SRHR community to place their agenda within a broader development framework. ARROW is committed to take forward the outcomes from this meeting to position the SRHR agenda in more concrete ways within national, regional, and global contexts.

Sivananthi Thanenthiran
Executive Director
Asian-Pacific Resource & Research Centre for Women (ARROW)
Message from the Organisers

At ARROW, we are not only committed to meaningfully engaging young people—especially young women—in key and strategic roles within the organisation, but we also enjoy the way outcomes are shaped when young people are leading the process. We believe in feminist and transformative leadership and it has proved to work wonders for us in terms of achieving desired results for projects with an added value through empowering young feminists in charge.

We confirmed this belief when we organised the regional meeting on “Beyond ICPD & MDGs: NGOs Strategising for Sexual and Reproductive Rights in the Asia-Pacific Region”. As meeting organizers, we took the lead throughout the process from envisioning and conceptualising to implementation of the various aspects of the meeting. Organising the meeting was not without challenges, however, especially since it grew from a meeting of 45 participants to a larger audience of 127 individuals. We, as part of the core team, worked tirelessly to ensure the meeting’s success.

It was an all round experience for us and a rewarding one too. Getting to know the inspiring women in the region and participating in rich and engaging conversations about women, sexualities, culture, and religion in Asia and the Pacific region are our great rewards.

All this would not have been possible without the support from our colleagues at ARROW. We are especially thankful to Siva, ARROW’s Executive Director for generously sharing her experiences with us, and urging us to learn from our mistakes and successes equally, in other words, to work smartly and swiftly. Special thanks also go to Sai for being the most ardent and supportive colleague. We are extremely grateful for having wonderful colleagues in ARROW, who stepped in at various moments in our efforts to make the meeting successful. This was a truly enriching and amazing experience for us as young feminists.

Suloshini Jahanath
Nida Mushtaq
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Introduction

At the 1994 International Conference on Population and Development (ICPD) in Cairo, representatives from governments, civil society, UN Agencies, and international institutions worked together on a Programme of Action (PoA) that was to be a landmark document in the history of international development. In adopting the ICPD PoA, 179 countries, including those of the Asia-Pacific, committed to actions that were intended to bring about transformational change over the next 20 years.

However, in spite of repeated reaffirmation of its goals and objectives, its implementation has been uneven, globally and within the region. Among the many reasons for this inconsistent and disappointing progress was the omission of “universal access to reproductive health”, the central goal of the ICPD, from the Millennium Development Goals (MDGs). This decision, made at a late stage of planning after the Millennium Declaration had been agreed, defied the expectation that this global development framework would include the goals of all the major UN conferences of the 1990s.

Following the requests of governments at the 2005 review of the MDGs and widespread advocacy by NGOs and the United Nations Population Fund (UNFPA), the ‘missing link’ was reinstated in 2007, as MDG5, Target B: universal access to reproductive health, together with Target A: the reduction of maternal mortality by two thirds by 2015. Thus, universal access to reproductive health was once again brought back into the development agenda. But what is invisible is overlooked and underfunded. Valuable time had been lost; international funding for family planning had halved; maternal mortality remained a silent epidemic; and the urgent need to address the HIV/AIDS epidemic was seen as a separate priority issue, disconnected from reproductive health and maternal morbidity or mortality, in spite of the ICPD agenda that had once united them.

At the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) ministerial review of the ICPD in 2002, the countries of the Asia-Pacific reaffirmed their commitment to the ICPD in the Fifth Asian and Pacific Plan of Action, resolving to “address the challenges in a concrete and action-oriented manner”, despite strong opposition from the US, which expressed a general reservation. The countries of the Asia-Pacific recommitted themselves at this meeting to poverty eradication and the protection of human rights, “including matters related to reproductive rights and reproductive health” as defined in Paragraphs 7.2 and 7.3 of the ICPD PoA (E/ESCAP/1271, p.13).

Progress, however, remained uneven, with MDG5 continuing to be the MDG least likely to be achieved globally and in the Asia-Pacific. In December 2010, the UN General Assembly agreed to extend the ICPD PoA indefinitely adopting a resolution on the follow-up to the ICPD Beyond 2014 entitled, “Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social, and related fields”. The resolution called on 179 signatory governments to recommit to achieving
the goals and objectives of the PoA. Specifically, it calls for convening a United Nations General Assembly Special Session (UNGASS) during its 69th session in 2014 to assess the status of implementation of the PoA and to renew political support for actions required for the full achievement of its goals and objectives; reaffirm that the special session will be undertaken on the basis of and with full respect for the PoA and that there will be no renegotiation of the existing agreements contained in the PoA; and calls upon the UNFPA to undertake an operational review of the implementation of the PoA on the basis of the highest quality data and analysis of the state of population and development. The Secretary-General would submit a report based on this review to the Commission on Population and Development (CPD) at its 47th session in 2014 as well as to the UNGASS.

**Objectives**

The Asian-Pacific Resource & Research Centre for Women (ARROW) and her partners believe there is an urgent need for NGOs to revitalise their sexual and reproductive health and rights (SRHR) advocacy role at the national and regional levels, in order to improve health, human rights, and sustainable development across the Asia-Pacific, and to ensure that SRHR is integral to the next development agenda.

To meet this need, a regional Asia-Pacific meeting "Beyond ICPD and the MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific region" was organised jointly by ARROW, along with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and in collaboration with the UNFPA. The meeting brought together 127 NGOs and other development stakeholders, including young people, from 30 countries across the region for discussions on key SRHR issues and trends, with the objective of defining and discussing the comprehensive SRHR agenda of the region, and chart the avenues for advocacy and effective NGO engagement leading up to 2014-2015.

**Outputs**

The expected outputs of the meetings were to:

- Define and discuss the comprehensive SRHR agenda of the Asia-Pacific and chart the avenues for advocacy and effective engagement for NGOs towards formulating a regional call to action on the most critical issues for the regions, which need to be fed into international review processes and considered by UN agencies, international donors, and the development industry;
- Compile six thematic papers that impact on women’s and young people’s SRHR, which will contribute to participants’ advocacy base and contribute to the ICPD review consultation process;
- Formulate sub-regional action plans and a regional plan of action to operationalise our calls to governments, regional and international bodies; and
- Establish an alliance of individuals, organisations, and networks that will revitalise the agenda and will place SRHR within the development and funding framework regionally and internationally.

**Methodology**

In preparation for the meeting, ARROW carried out a survey with regional NGO stakeholders between October and December 2011 to identify key thematic areas which impact on SRHR in the region. The six issues identified were: Universal Access to Sexual and Reproductive Health, Poverty, Climate Change, Displacement and Migration, Food Security, and Religious Extremisms. Writers of thematic papers were identified by the ARROW team through consultation with the meeting’s Advisory Committee.

A group of experts were also invited to lead discussions based on these papers using the World Café methodology. These discussions were documented in order to contribute, together with the papers, the conference Call to Action, to the overall regional SRHR agenda. They would also be integral to the 20-year review of the ICPD PoA in 2014, and to the development of the post 2015 Development Framework that will replace the MDGs.

The first two days focused on the six critical issues that impact on women and young people in the Asia-Pacific. A peer-reviewed background paper for each theme was presented to facilitate discussions around the themes in the World Café sessions. Each presentation was followed by a question and answer session to enable participants to discuss issues with the panellists in a wider group before the break-out sessions. Each
thematic World Café session discussion was led by two experts in the specific area. To ensure focused discussions around the themes, two questions specific to the context and desired purpose of the session were posed to each of the 2 groups, seated at two tables hosted by a table host. Each group deliberated on the first question posed to them for 20 minutes before swapping tables to discuss the second. Participants, however, were given the choice to continue discussing at the same table. This process enabled each member of the group to participate and engage fully in the discussions which were broad as well as rich and vibrant.

Three meeting rapporteurs helped with the documentation of the meeting discussions and reported back the key outcomes and recommendations of the discussions at a panel session following the parallel World Café sessions. The overall meeting was moderated by Rashidah Shuib, a leading regional gender and SRHR expert.

The third day of the meeting was the NGO–UNFPA dialogue for strategic engagement of NGOs at the national, regional, and international levels in the Asia-Pacific as part of the lead up to 2014. Representatives from UNFPA outlined the plans for the review of ICPD, which included country-level surveys on ICPD implementation, and opportunities for civil society engagement at regional and country levels, followed by discussions. The afternoon's group sessions enabled the participants to develop sub-regional action plans to accelerate the achievement of SRHR in Asia-Pacific. The NGOs and youth representatives were divided into sub-regional groups which included: East and Central Asia, South Asia, South East Asia, The Pacific, and the Young People’s group.

**Evaluation and Feedback**

The meeting was seen as relevant and timely as was shown by the positive responses from the participants. The World Café methodology, which was experienced for the first time by many, was seen as an excellent way of getting more voices heard and to encourage participation from all. The focus on linking the macro issues to SRHR was a good learning experience.

The breadth of themes covered by the meeting papers and discussions was frequently remarked on and was in itself a reminder to all the participants of the visionary scope of the ICPD PoA, which is often overlooked, even by SRHR advocates and activists. The meeting demonstrated unequivocally that for SRHR to become a priority in the region and beyond, it is critical for those working across the field of SRHR to act proactively to strengthen mutual understanding and relationships with those working in other development areas, without compromising values or language.

The papers, discussions, and the Kuala Lumpur Call to Action all provide clear recommendations to address the many issues raised in this meeting. Ongoing communication about the myriad processes linked to the ICPD reporting process, and preparatory processes for the new post-MDG Development Framework, together with the meaningful engagement of civil society, particularly young people and women’s NGOs in these processes are urgent priorities which will require support from all stakeholders. Only then will civil society organisations succeed in working together to influence governments and communities so that the outcomes of these processes genuinely reflect the goals of Cairo and Beijing and contribute to sustainable development in a more just and equal world.

**Setting the Scene**

In her welcome address, ARROW’s Executive Director, Sivananthi Thanenthiran (Siva) urged the participants to see the conference not only as an opportunity to review the region’s progress, gaps, and challenges in implementing the ICPD agenda, but also to plan for its greater realisation across the region. The need for this was clear from ARROW’s recent study of 12 countries, “Reclaiming and Redefining Rights”, which showed that no single country had achieved all the ICPD targets; and that progress had been inconsistent, with gains and losses.

In all countries, it was clear that the poor, less educated women, particularly those in remote rural areas had greater difficulty in exercising the autonomy needed to have control over their own bodies, including accessing family planning. Similarly, women across the region were lagging behind in decision making and financial security, despite economic growth.
Siva highlighted the organisers’ desire for a participatory process, which would bring together presenters and discussants not only from SRHR, but also from diverse fields such as poverty, food security, climate change, migration, and religious extremisms. The key aim of looking at the SRHR linkages to these issues was to enable us as a group “to craft SRHR, not as the small side-issue as it is often dismissed, but as that key, vital development agenda as we know it to be”. The values that would guide our discussions would be feminist and women-centred, rights-based, southern-centred, and focused on social justice and equity. While acknowledging the transformative changes in the regions, including economic growth, she said the social and economic inequalities both between and within countries were increasing and deepening. The region is home to 65 percent of the world’s malnourished people, is one of the most disaster prone regions in the world, and experiences the commodification of health.

At the same time, the return to traditional values and religious extremisms in the face of globalisation and capitalism threatens women’s rights. In the face of all this, a revitalised civil society committed to holding governments accountable is essential. There are new civil society organisations in some countries to be involved and forthcoming regional and global conferences are a sign of hope that greater progress can be achieved. In conclusion, Siva said ARROW has decided to leave the entire planning, running, and implementation of this critical meeting to two young people at ARROW–Suloshini Jahanath and Nida Mushtaq in the spirit of ensuring full and meaningful youth participation.

Welcoming the participants on behalf of the German development agency GIZ and acknowledging the large number of young people in particular, Eva Schoening, Project Advisor, Population Dynamics, Sexual and Reproductive Health and Rights, highlighted the importance of the conference in the context of the 2015 target date for the MDGs, and the approach of the original target dates for the ICPD PoA and the Beijing Fourth World Conference on Women. All of this makes 2012-2013 a critical time for positioning SRHR on the global agenda. In light of this, the conference should take stock of current realities, and anticipate future trends. Aspects of the SRHR agenda still face perplexing challenges in the region, including the lack of universal access to family planning and maternal healthcare. In addition, the linkages between poverty, food insecurity, migration and displacement of people, climate change and its impact on vulnerable people, and religious extremisms need to be addressed.
Keynote Speech by Dr. Dina M. Siddiqi

In her keynote speech titled “Reframing the Horizon of Possibilities: SRHR and Women’s Rights in the Asia Pacific Region,” Dina called on the participants to step back from the immediacy of the issues and to reflect on the broader economic and political context, its implications and conditions, the practical and creative constraints we impose on ourselves, and “revisit the horizons of opportunities” available to us.

All of this has significance for feminists and SRHR activists in a world that continues to seek to impose problematic, polarised binary models and solutions: a world in which culture and tradition are often automatically blamed for struggles to achieve rights, rather than recognising the effect of economic crises or politics in a world where the modern state can be as repressive as religion.

This thought-provoking address focused on two themes. The first explored neoliberalism and its impact on feminism, including “the marginalisation of structural issues and the neglect of intersectional analyses; the hollowing out of feminist notions of empowerment; and the valorisation of the female consumer-citizen”. The second was “the recent polarisations among feminists on the relationship between culture, religion, and rights,” given that “political and economic problems are invariably reframed as cultural problems” and “questions of culture and religion are deeply politicised”.

The paper highlighted points related to masculinity, gender-based violence and domestic violence, the configuration of power, the hollowing out of democracy, and the increasing demand from women and men for real change. This has been so evident in the turmoil of the Arab Spring and the rapid spread of the Occupy Wall Street protests, which, together with other crises, have provided “spaces for rethinking conventional wisdom,” to “rethink received ideas of growth-driven development.”

The multiple wars on women occurring across the globe have major implications for feminism today. This is true not only for example, in the Middle East, but also in the US where social services, “including funds for abortion and cancer screening for poor women” have been slashed “within a democratic and secular system.” Language becomes even more critical in this situation—as the language of the market, of neoliberalism, individualism, and feminism have become dangerously entwined, in a world which offers the freedom to compete and consume rather than seek positive social and structural transformation.

The paper argued convincingly that the financial system created by the post “Washington Consensus” is a broken failure, which has led to greater structural inequalities, with “unimaginable wealth and unprecedented deprivation” resulting from “unregulated financialisation and corporatisation.”

Ironically, at a time of extreme economic injustice and inequality and the slashing of social services, the right wing has appropriated the language of SRHR—as evidenced by the Personhood Bill in the US. At the same time, cited examples of modern forms of imperialism and
colonialism reinforce a traditional model of polarisation, of gender as the “only axis of inequality,” and religion as “the source of all oppression.”

This return to “culture as explanation”, in the speaker’s view, “depoliticises gendered concerns”. It is critical, therefore, that feminists are not drawn into reinforcing binaries but seek intersectionality, and support women, without supporting stereotypes, for example in relation to the recent controversy and highly charged debate about FGM in Sweden, an example of “entanglement of the colonial past and the neoliberal present”. It is also clear that too often feminists in the global south are presented with an “untenable choice—denounce their ‘culture’ or their feminist ethics”.

Furthermore, neoliberalism as propounded by the World Bank and the International Monetary Fund has resulted in a situation where “the market regulates society rather than society regulating the market”. Micro-credit was given as an illustration of this, as it fails to change power or structure; rather it shifts the responsibility onto individual women, leaving the state untouched but fitting donors’ demands for measurable outcomes.

More broadly, the paper argued that there is a danger of the feminist agenda for social justice and global equality being “hijacked not just by the right wing but in the name of women’s rights”, resulting in the kind of deep divisions which drove the lack of outcome at this year’s Commission on the Status of Women. Too often we “misrecognise the disciplinary forces that shape women’s lives,” their multiplicity and interconnection. We fail to see the real problem clearly, to recognise intersections of religion, politics, class, gender, and culture, to see that SRHR and the opposition to that very concept are part of a much larger agenda. The prohibitions placed on women’s behaviour by religious leaders, as in the issuing of fatwa for example, are often not about religious issues but about the power of men over women. Rights and agency remain critically important.

Ultimately, the message to the participants was starkly clear: Development as usual is not working, despite the rhetoric of democracy. We cannot continue to do development the same way. “Effective interventions call for nuanced and complex analyses of the entanglements of culture, geopolitics and the global economy.” Instead of focusing on isolated actions and strategies, the micro-level must consistently be informed by “a clear understanding of the macro context, the cultural, geopolitical, and economic”.

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Plenary 1: Universal Access to Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

Thematic Paper: How far away are we from the goal post?

Written by: Dr. T.K. Sundari Ravindran, Presented by: Dr. Subha Sri Balakrishnan

1. Preventive, promotive, curative, and rehabilitative healthcare
Plenary 1: Universal Access to Sexual and Reproductive Health and Rights of Women and Young People in the Asia-Pacific Region

Thematic Paper: How far away are we from the goal post?
Written by: Dr. T.K. Sundari Ravindran
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The thematic paper recognised four “formidable barriers” in achieving universal access: (1) lack of political will, (2) “outright opposition,” (3) inadequate provision of promised financial resources, and (4) the omission of SRHR in the MDGs. Broadly, the paper presented a definition and conceptual understanding of universal access to SRH; analysed data to review progress toward universal access in the region; identified barriers to attain universal access; and proposed an advocacy agenda to address these barriers.

In defining the concept of universal access, it is important to distinguish between universal access and universal coverage, particularly in the context of universal access being commonly defined as the “availability, accessibility, and acceptability” of information and services to meet the needs of individuals. It has also been defined as the removal of geographic, financial, organisational, socio-cultural, and gender-based constraints. Two sets of factors influence access: (1) from the supply side – affordability, availability, acceptability and quality; and (2) from the demand side – lack of information and decision-making power, restrictions on mobility, social exclusion, and discrimination. On the other hand, universal coverage implies attempts to remove financial barriers to access through suitable health financing mechanisms adopted by the health system.

That universal access to reproductive health can only be achieved as part of overall universal access to essential healthcare and effective health systems,
not as just one isolated aspect of health, could not be stressed enough. The paper examined access to sexual and reproductive health (SRH) services through health service-use or coverage indicators that are women-centric.

Data on five aspects of SRH were analysed in determining access: fertility and contraception, maternal health, abortion, HIV, and adolescent sexual and reproductive health. The data clearly showed, for example, that in 10 of the region’s 21 countries, women’s fertility rate was higher than what was desired; in 12 of 18 countries with comparable data less than 50% of women of reproductive age used a modern method of contraception.

With regard to access to maternal health services, for which maternal mortality ratio is a key indicator, data from 2008 showed only 7 of 20 countries have met the ICPD target for maternal mortality ratios. Not surprisingly, there is no comparable data across countries for women’s access to safe abortion services, even taking into account the varied legislation, although it is possible to say that unsafe abortion rates are negligible in East Asia because of the wide availability of safe abortion services. Nevertheless, the point was clear: both incidence and ratios are high across most of the region and therefore, “unsafe abortions take a heavy toll of women’s lives, contributing to between 10 and 16 percent of maternal deaths in the regions.”

The section on access to sexual healthcare, focused on coverage of anti-retroviral treatment (ART) and preventing mother to child transmission (PMTCT), suggesting that only Burma, Fiji, and Thailand “seem to have achieved reasonable coverage” for HIV testing of pregnant women.

Four indicators of adolescent sexual and reproductive health were examined, namely access to sexuality education, adolescent birth rate, contraceptive knowledge and use rates among adolescents; and knowledge related to HIV/AIDS and its transmission. While a cited 2012 study of sexuality education policies in the region suggests 19 of 20 countries include sexuality education in the national secondary school curriculum, the view that coverage and content vary widely and emphasise knowledge, not life skills, was clearly conveyed.

This, combined with the widely varying adolescent birth rates across the region, and low percentages of adolescent girls accessing HIV testing or using contraception in selected countries, provided the audience with a deeply concerning picture of girls’ lack of access to services and education. The lack of data however, masks this urgent need which policy makers across the region generally fail to recognise or address through national health or development policies, strategies, or budgets.

The paper then examined some of the major barriers to universal access, on both the supply and demand sides, noting that health services in the region are financed by a mix of financing mechanisms, involving both public and private health provision in all countries and the impact of out-of-pocket (OOP) health expenditure. Given that “one of the first steps towards achieving universal access is to remove financial barriers,” countries need to reduce out-of-pocket expenditure. At present, the share of OOP expenditure in 9 of the 21 countries examined in a 2008 study is high (51–65 percent) or very high (66 percent or above): with Afghanistan, Bangladesh, Burma, Cambodia, India, Lao PDR, Pakistan, and Vietnam having the highest levels. Again this suggests an urgent policy priority, which was supported by the author’s comment that, “few countries with high or very high OOP have low unmet need and high contraceptive prevalence rate or have achieved the ICPD targets for maternal mortality ratio and skilled birth attendance.” Findings from small studies provide a further indication that lack of money remains the major reason for women being unable to access pregnancy or delivery services, with the poorest women most affected.

The paper considered a range of options introduced by some governments to reduce OPP, so protecting the poor and vulnerable from the shocks of health expenditure. These included China’s New Co-operative Medical Scheme and Cambodia’s Health Equity Fund, both of which have been shown to have had some success although not fully resolving the issue of lack of access. The author considered that Conditional Cash Transfers are less successful, imposing conditionalities which violate women’s rights, and often fail to reach the poorest women. Thailand’s Universal Healthcare Coverage, introduced in 2001 for those not covered by existing Social Insurance Schemes, however, was seen as a model that is largely successful. Although cover is provided for antiretrovirals (ARVs), cover
for safe abortion services is provided only in cases of rape or when women’s health is at risk, and essential obstetric care is covered only for the first two deliveries.

However, despite being a good model, Thailand is still far from achieving universal coverage because of restrictions on some essential reproductive health services such as safe abortion care, essential obstetric care for women of parity three or higher, supply-side limitations including unequal distribution of services and delivery points across different regions and rural-urban locations, the lack of availability of drugs and equipment, and gender-related issues and other social barriers.

Clearly problems within the health system impact on access to SRHR, including inadequate availability of health professionals, facilities, and reproductive health supplies which are too often dependent on donors. Data illustrate the correlation between these and health outcomes, with for example, only 5 of 19 countries meeting the WHO benchmark of 25 maternity beds per 10,000 population.

While acknowledging that the option of social franchising in health has been seen as a positive option by donors and others, the paper argued, on the basis of several studies, that this has not removed financial barriers nor added additional service delivery points where none previously existed, although some social franchise providers would challenge this.

Legal and ideological restrictions were also shown to inhibit access, particularly to safe abortion services and for young people. The analysis provided shows that abortion on request is available only in Cambodia, China, and Nepal (where the dramatic decrease in maternal mortality since the law was liberalised has been well-documented) and Vietnam.

It was also pointed out that adolescent SRH services have been recognised in national policies in only 4 out of 21 countries: Vietnam, Cambodia, China, and Lao PDR, and even then services may not be accessible because of providers who act as gatekeepers.

Similarly, the paper demonstrated that gender inequalities limit women’s ability to make decisions related to their healthcare, with interesting evidence from Nepal, where women who are more involved in household decision making are more likely to use modern contraception while, conversely, women who experience intimate partner violence have been reported as less able to practise safer sex or adopt a method of contraception.

The presenter also noted, however, that access can be affected by a range of factors including those related to ethnicity and class, as well as gender norms about “appropriate behaviour for women,” such as the need for female health providers, women needing to gain their husband’s permission to access services, availability and cost of transport, and the unacceptability of women travelling alone. The paper pointed out that many of these barriers can be addressed by well-designed programmes, which include use of gender analysis.

The recommendations included:

- Seeing universal access to SRH as an important component within the wider goal of universal access to health rather than as a “silo(ed)” issue
- Reducing OPP and proportionally increasing government spending
- Utilising tax revenue based funding to provide universal coverage, including some SRH services, and which can then be incrementally expanded
- Increasing investment to expand services and close gaps in service distribution between rural and urban populations
- Improving the responsiveness of health systems to gender-based inequalities by ensuring suitable locations, and hours, integrating services and assisting women to become informed participants in their own healthcare
- Investing resources in strengthening availability and better distribution of healthcare services (instead of social franchises) to increase the availability of human resources and achieving reproductive commodity security

The overall conclusion gained from this paper is that the Asia-Pacific is “nowhere near universal access to sexual and reproductive health,” although some countries have made significant progress on specific issues.
World Café Discussion

Discussants:
Dr. Sylvia Estrada Claudio ‘Guy’ Sunita Kujur

The subsequent World Café sessions on this topic addressed two sets of specific questions and resulted in a very participatory discussion.

1. Are any of the organisations involved in discussion or action around the issue of social protection and sexual and reproductive health access?
   a. How do we make the linkages?
   b. What discussions/actions do and whether any organisations represented in the group were involved in social protection to increase access to SRH services, and how SRHR NGOs can make such linkages?

Discussions began with looking at different terms such as “social protection,” “social assistance,” and “social security” and their definitions in the current discourse, policies, and programmes. Social protection is often seen as programmes that look at equity issues and therefore target specific marginalised groups, including poor women and adolescents. On the other hand social security is looked at from the perspective of universal access to social services to live a life of dignity.

Generally, there was a feeling that there was little discussion and understanding of these concepts among NGOs. There were also differing views about the role of the “private sector” or “the market,” about social protection or social security interventions and provision of healthcare.

Young people from Nepal shared their experiences about their efforts to make SRH information and services more accessible, especially at the primary healthcare level. Controversial issues included the use of incentives that encourage sterilisation, institutional deliveries, all of which impede the choice of women. While Thailand is a good model for universal access to SRH, coverage is still restricted for some essential elements of SRHR. In the Philippines, the NGOs were defining social protection, although the government preferred a universal coverage model.

It was recognised that a wide variety of models for achieving universal access existed, and that this concept must address the needs of the most marginalised, including young people and women in conflict situations. Nevertheless, some governments still fail to see that health access must always include access to SRHR. Moreover, while social protection should be the means to achieving equity and dignity there are many different interpretations.

The session ended with the call to further engage in the discourse on social protection to influence its framing towards more progressive, women and adolescent-friendly programs and policies, to focus not only on issues related to access to SRH services, but to also call for universal access to comprehensive healthcare.

The second set of questions under universal access to SRH included:

2. How should the content of comprehensive sexuality education
(CSE) targeting formal and non-formal education be framed so as to include adolescent girls?

a. How should CSE standards be designed in a way that helps adolescents make responsible and informed choices?

b. What can be done to ensure that adolescents from marginalised groups, such as LGBT youth, adolescents with disabilities, or the children of sex workers have access to CSE?

As a starting point it was agreed that CSE should be geared toward the empowerment of adolescents and young people with knowledge to make informed choices, rather than simply expecting adolescents to be “responsible”, and should not be approached through a “problem” framework. There was considerable discussion about the concepts of “informed choice”; and the term “responsible”, including questions such as “Who considers what responsible?”; “Why unplanned pregnancies by adult married couples are not considered irresponsible, but young people engaging in sex are considered to be not “responsible”? If we are to champion the cause of CSE, we must first unlearn some things and frame our questions differently.

There was also lively discussion around what exactly is meant by the term “comprehensive” in relation to sexuality education. One participant defined it as “rights-based, culturally-sensitive, evidence-based, providing accurate, accessible information in a variety of ways, linked to gender dynamics and including HIV prevention, human rights and active citizenship, and encompassing the values of fairness, participation, and gender equality”. Other suggested elements indicated that it should cover the full continuum of understanding equal, equitable relationships, as well as factual knowledge, and skills related to decision making, including the right to abstain, as well as negotiation and communication skills. CSE should be integrated into the curriculum and include an understanding of gender and the impact of gender stereotypes. There is also a need for standards to ensure quality and for the curriculum to be designed with an understanding of how adolescents think and communicate, for example, using social media. It should be taught within an enabling environment so that children and young people are comfortable with an incremental curriculum that is designed to be age-appropriate.

Other debated issues included whether there is a need for parental consent for sexuality education to be provided for their children, the importance of teacher training, and whether the curriculum should be based on cultural values. Another participant described implementing ‘life skills education’ and the need to consult with young people, the Ministry of Education, and the community, as well as the need for time for communities to come to understand and accept its importance. For another participant, the crucial point
was that young people do not want an approach to sexuality education which is based only on fear and guilt. Instead, it is important to include aspects such as pleasure, self-esteem, and a positive perspective of sexuality. Sometimes this can be successfully achieved through well-trained peer educators. The importance of sexuality education for children and young people with disabilities was also raised, together with a question about whether this requires a specific approach and content. Another clearly voiced concern was that those with disabilities are often viewed as asexual and consequently infantilised and “overprotected” by being denied access to information and health services.

Further discussion revolved around whether CSE should be taught as part an integrated curriculum; by teachers or by NGOs specialising in this area, or both. Examples of different practices were given from India, where it was suggested that CSE exists in theory rather than practice and in Malaysia where condoms are not included, while LGBT issues raised by NGOs have made incorporating CSE more challenging. Ultimately, however, it was agreed that this may increase understanding of the importance of CSE. In the Philippines, university students are taught about their legal rights resulting from the international conventions signed by their government while NGOs promoting CSE are accused of having the wrong motives and being influenced by Americans.

In conclusion, the group recognised that there can be a number of religious, cultural and geographical barriers to the delivery of CSE, nevertheless it was important to use the language on SRHR as articulated in the resolution on “Adolescents and Youth” at the 45th session of the CPD. Also, rather than reinvent the wheel, we could use the existing framework for CSE developed by the Population Council and supported by the International Planned Parenthood Federation (IPPF), and the technical guidance note developed by UNESCO. They recommended a well-monitored, comprehensive, age-appropriate, evidence-based, rights-based approach to CSE, based on successful models, with agreed quality standards, to be delivered by people who have been specifically trained. To reach marginalised groups and those in isolated areas or those who have left school, CSE can be delivered in formal or informal settings and should incorporate young people’s language, evidence-based information, and well-trained peer educators. There is also a clear need to tackle the issue of early marriage head on, drawing on evidence and health and human rights arguments and commitments.
Beginning with the diversity of the regions’ topography, climate, and economic development, it was noted that by 2008 the incidence of poverty had fallen by half, but 900 million people continue to subsist on less than $1.25 a day. After describing the linkages between the aspirations of the rights-based perspective of ICPD (which links SRHR and the MDGs with their overarching goal of poverty reduction although expressed in very different language), the paper examined poverty as a multi-dimensional concept. As defined by the World Summit on Social Development in Copenhagen in 1995, poverty encompasses severe deprivation of human needs, including food, safe drinking water, sanitation, health, shelter, education, and information. It also includes a lack of income to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited access to education and other basic services; increased morbidity and mortality, homelessness and inadequate housing; unsafe environments, social discrimination and exclusion; and a lack of participation in decision making and in civil, social, and cultural life. Given all this, and that poverty fundamentally represents a denial of choices, poverty reduction must be regarded as an urgent global priority.

The presenter argued that on this basis it can be agreed that those belonging to lower socio-economic groups generally have poorer health outcomes, resulting in a “vicious circle whereby ill health contributes to lower productivity and wage earning capacity”, further exacerbating poverty. Those in remote areas continue to be denied access while
minority groups, women, and those with disabilities continue to be disadvantaged by biased economic structures, in addition to discriminatory laws and practices which make it more likely for them to be trapped in poverty.

The premise was also clearly stated that poverty is “a heavily gendered entity with intersecting issues including household and community norms, age and marital status, migration, ownership of assets, employment, conflict, and violence.” Poverty was described as denying women the right to lead productive lives, to participate in decision making or access SRH services. Given the range of topics to be covered by the other conference papers, this statement was particularly useful in framing forthcoming discussion with the reminder for participants that poverty, and its strongly gendered nature, are a broad common denominator for a wider continuum of critical issues.

Similarly, the paper provided a reminder of the often forgotten breadth of the ICPD agenda which links the “centrality of reproductive rights, adolescent reproductive health, safe abortion and better development outcomes,” and positions the attainment of reproductive health as “fundamental for the mitigation of poverty”. Nevertheless the linkages between poverty and SRHR are not simple, but are bi-directional and complex.

In the Asia-Pacific, there are countries where large numbers of the population are affected by poverty, but comparisons are difficult because of variations and incompleteness of data sets. Although the region has made major gains in reducing poverty between 1990 and 2009, the global financial crisis has militated against this, with considerable inequity within and between countries. Although the region accounts for around 40 percent of the world’s maternal deaths, there is wide disparity in the maternal mortality ratio, largely in line with countries’ economic development.

Similarly, evidence from Indonesia indicates that one-third of maternal mortality in one study occurred within the poorest quintile, i.e., most women give birth at home and this correlated with lower levels of education.

Likewise the 2011/12 Regional MDG Report showed that skilled attendance at birth, a surrogate indicator for access to reproductive services linked to maternal health, showed striking variations between the poorest and richest quintiles, especially in the countries where the average expenditure on health is lowest.

Data for antenatal care show that two important drivers of disparity are education and household wealth. The conclusion drawn by the author is that if universal access is to be achieved, “there needs to be renewed focus on the poorest, who might also be marginalised in terms of where they live and the conditions in which they live.” It was also demonstrated that access is enhanced when other structural issues are addressed, such as road networks and skilled health personnel. As with other papers, the high cost of OOP expenses was identified as a major barrier to universal access.

Overall, health deficits exact a significant toll on women’s health, rights, and productivity and the paper showed they deserve an urgent response tailored to national situations, while those in disaster situations and those living with HIV and other marginalised groups also require increased access and a targeted sensitive approach. The poorest adolescents, similarly, have least access to information or services, while early marriage, which remains common in a number of countries, is often a further barrier to negotiation and to accessing family planning.

The paper included a number of recommendations, such as an urgent need to encourage governments to re-examine and refocus policies in order to address reproductive health inequities caused by disparities between rich and poor, and the needs of rural populations, as well as rapidly growing urban populations, which are now confronting increasing poverty.

As part of this response, it was proposed that poverty reduction and health strategies should be harmonised and social protection schemes developed in order to protect the vulnerable from “catastrophic and impoverishing health expenditure”.

Aggregated data mask inequities and more research should be carried out to provide further evidence to support this focus on the linkages between poor reproductive health, poverty, and inequity, and as an incentive for renewed commitments by governments and donor partners to increase expenditure.
on health, including SRH, and strengthen human resources to achieve universal access to reproductive health services within the region.

World Café Discussion

Discussants: Rokeya Kabir
Professor Nathalie A. Verceles

The subsequent World Café session on this topic addressed two sets of specific questions.

1. How does poverty affect urban poor women’s access to and usage of SRH services and their autonomy on SRHR issues, and how does this improved access to SRHR and services contribute to assisting women and their families escape poverty?
   a. What opportunities could we leverage to break the cycle of poverty, empower women to claim their rights, and better meet the needs of urban population around SRHR?

2. How do we shift the focus from “improving reproductive health and right solely as a means to reducing morbidity and mortality” to “improving reproductive rights and health as an instrument to improve the lives of women and create opportunities for a productive life for them as citizens?”
   a. What are the opportunities for state and the international community to reduce/transform the traditional reproductive burden on women to ensure their active engagement in both productive and socio political life?

The key issues discussed related to the links between poverty and SRHR were: a need for creating enabling environments, women’s empowerment, and economic justice; the need to analyse issues of “citizenship,” such as identity, rights, access to resources, and to “de-homogenise” poverty, with reference to Amartya Sen’s capabilities approach, where SRHR (health) is seen as a “social opportunity”; migration as a response to poverty and low awareness of SRHR by poor urban women as well as rural women in remote locations. Education was seen as the key to tackling poverty.

This led to a discussion on the importance of CSE, starting as young as possible, although this was recognised as a contentious issue, and the need to reach out-of-school youth and older people. On a broader, more fundamental level, it was seen as critical to target the patriarchal context so that women and young people could make decisions about their bodies and their lives.

Considerable discussion focused on the redistribution of wealth, how it would work, and what the mechanisms would be. For example, should there be a ceiling on the maximum individuals can earn? Are public-private partnerships the answer? It was also important that donor priorities address poverty reduction and incorporate women’s empowerment as central to this. Similarly, governments need to develop gender-responsive budgets, as should donors.

It was clear to all participants that civil society has a key role to play, and needs to be strengthened, partly by recognising the importance of respecting the needs of young people, their access to services, empowerment, and participation at all levels. This includes international meetings where civil society should be able to participate. Likewise more needs to be done to engage with health practitioners, community leaders, and women’s and human rights groups, particularly at the grassroots, where many, who are poorest and marginalised, are viewed as targets rather than partners.

Concerns were voiced about the risks of the return of the “population/demographic rhetoric” on poverty and SRHR linkages, of OPP without cost-capping, and the increased informalisation of labour in the regions, which further reduces income and access to maternity cover, such that pregnancy and maternity increase economic vulnerability.

Discussions reflected country-level concerns, including, for example, in the Philippines, the impacts of migration, the effects of the ban on family planning in Manila and of hate crimes against LGBT people, together with the “persistent interference” of the Catholic Church in secular affairs. Migration, discrimination against LGBT people, increasing conservatism, and the lack of young people’s access to services and information were issues for many participants, alongside more country-specific issues, such as limited or non-existing household insurance; coercive practices related to family planning.
for poor women; the lack of women in government or the lack of incumbents’ power and influence in seeking to improve the status of women; lack of access to safe, legal abortion; increasing levels of teenage pregnancy and STIs; low hospital standards; Conditional Cash Transfer programmes; sexual exploitation; and trafficking.

A number of national recommendations were made to address such issues. These included the introduction of progressive taxation; states’ encouragement of corporate social responsibility; mobilisation of civil society in basic service provision and in advocacy for social protection; social entrepreneurship and private-public partnerships; government funding for maternity leave and day care centres; directing the fixed donation to the poor by those Muslims with higher incomes (Zakat) into poverty eradication; state allowances for antenatal care, nutrition, and medicines and to support girls’ continued education; the provision of quality, humane post-abortion care; increased non-judgmental access to community-level services for young people and people living with HIV.
Given the agreement that unmet SRH needs remain a pre-eminent concern for the participants from across the region, some of the key recommendations are:

- Meaningful participation by civil society as well as governments at international fora
- Encouragement by the UN Economic and Social Council (ECOSOC) and the processes of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) to “push SRHR policy recommendations”
- A greater proportion of ODA to be directed towards SRHR and poverty eradication
- Linking different progressive social movements and youth to create pressure on increasing financing of basic public services, including universal access to SRHR services, sexuality education, and protecting migrant workers’ basic rights
- The need for ASEAN to integrate SRHR issues into its new Human Rights instrument and architecture, together with fully realising the potential role of the ASEAN Commission on the Promotion and Protection on the Rights of Women and Children (ACWC) in encouraging member states to address SRHR issues
- At the national level, states can implement progressive taxation to ensure redistribution of wealth and corporations can channel their corporate social responsibility (CSR) funds to SRHR programmes

and AIDS. There was also considerable discussion about the cycle of poverty and gender inequality across the region, and the links between poverty, feminism, and sexuality. This recognised that poverty is not only an issue for individuals but a collective issue for the women’s movement, and that similarly, SRHR is not just about health, but also about sexuality, which is often overlooked, so that the resulting discourse is inevitably silent on the concept of human pleasure. Similarly, it was agreed that conversations about SRH and poverty are often narrowly focused on access, but this should be expanded to include a feminist approach to social justice, using the combination of a ‘rights’ lens, and ‘justice’ language to interrogate the actual causes which are responsible for the lack of access.
Proceedings of the Regional Meeting – Beyond ICPD and the MDGs: NGOs Strategising for SRHR in the Asia-Pacific Region
2-4 May 2012; Kuala Lumpur, Malaysia
This paper raised considerable interest, despite the opening caveat that there is a large gap in the literature on the effects of hunger and food insecurity on women and their SRHR, other than some limited research on the lack of nutrition on pregnant and lactating women, and a “growing body of literature on another form of malnutrition—obesity—especially among developing countries.”

The ironic, fundamental paradox is that those most likely to suffer from food insecurity are those who are primarily engaged in its production, through farming and fishing, particularly women. The subsequent analysis of complex and multi-layered factors that impact on food security highlighted the critical importance of the vital “ability of all people at all times to have physical and economic access to sufficient, safe, and nutritious food,” and of the human rights instruments that underpin this. It was stressed that together these provide a “right to food framework” that places responsibility on states and requires their accountability.

However, it was made starkly clear that in the 21st century, there is more than enough food for all, and yet when in 2010, wheat production was predicted to reach the third highest level ever, 925 million were still undernourished. This figure was higher than the numbers before the food and economic crises of 2008–2009, or in 1996, when the world’s leaders agreed at the World Food Summit to halve the number of hungry people in the world. With about 578 million of its people undernourished in 2010, the Asia-Pacific
accounted for nearly two-thirds of the world’s hungry, with 40 percent living in China and India. According to the World Bank, “three quarters of the hungry live in rural areas, 60 percent are women.” Figures for chronic energy deficiency (CED) in a number of countries in the region show both women and girls to have higher energy deficiency levels than men and boys. Although the paper did not explore the impact of poor nutrition on SRH in detail, its impact on the health and wellbeing of women, and in particular on pregnant women, especially those who have numerous children close together, is a factor which must be considered in relation to maternal and infant morbidity and mortality, as is highlighted in the UN Global Strategy on Women’s and Children’s Health. Although not discussed here, it would also be worth considering in future research that severe malnutrition can also contribute to infertility, which in some societies, may not only be a source of stress to women, but also cause for stigma and discrimination.

The paper also clearly demonstrated the impact of price increases on the vulnerability of women who then tend to work longer and harder, sell property and assets, and in some situations become involved in sex work to feed their children or themselves. It also highlighted how the lack of affordable food, whether as the result of climate change and environmental degradation or price hikes driven by commodity speculation can also drive displacement of women and children. Again, although not explored in explicit detail, this illustrates the linkages between the conference’s themes of climate change, food security, migration, displacement, and lack of universal access to SRHR. Those who seek a better life, including the availability of adequate, affordable food for themselves or their families, may find themselves denied the right to have a sexual relationship, or the right to have children through coercive policies and practices. Women who are displaced or who migrate are generally more vulnerable to sexual violence and to marginalisation.

They are often unable to find health services or afford to access them, and policies are often unclear as to what coverage they may be entitled to. As much of the region moves towards more open borders and the region is increasingly vulnerable to climate change, environmental degradation and extreme weather events, these issues surely require regional or sub-regional approaches, which take account of these linkages from a rights-based perspective, rather than a coercive one.

The paper explored a number of the factors that drive hunger and food insecurity. One of those that raised most interest and referred to subsequently was the analysis of the power and span of control of huge transnational corporations which link the global and local food chain, in particular the top agribusinesses in North America, European Union and the Pacific, the top retailers, and the 7 transnationals that dominate the fertiliser market.

The presentation outlined their role in setting low purchasing prices for produce from smallholders, and high selling prices for consumers; their impact on sustainability through excessive use of water, pesticides and herbicides; their control on volume; and the promotion of highly processed foods.

The argument that the production of food stocks for biofuels, when nearly a billion people have nothing to eat, is ethically and morally questionable was clearly made, on the basis of the negative impacts of biofuel production on agricultural systems, rural populations, natural resources, and food production. This was shown to be particularly likely to be further aggravated by the projected increase in the use of grains, vegetable oil and sugar in biofuel production, together with the predicted impact of second-generation biofuels on the environment, particularly soil fertility.

One factor which was identified as having potential to affect food production and availability was the World Trade Organization’s (WTO) desire to liberalise trade, and so affect dumping, subsidies, and tariffs through the “Agreement on Agriculture” which is, however, opposed by some countries and corporate lobbyists. Another major factor is climate change, although the paper also recognised that while climate change exacerbates the effects of other factors, and directly affects crop yields and fish stocks, rice and livestock farming are themselves among the largest sources of greenhouse gases, partly due to excessive use of fertilisers and pesticides derived from fossil fuels, and agricultural machinery.

Nonetheless the warning from United Nations Conference on Trade and Development (UNCTAD) is clear: “climate
change could reduce total agricultural production by up to 50 percent in the next few decades in particular in South Asia and Sub-Saharan Africa. The paper recognised the major role played by women in agriculture, on small holdings, and also in aquaculture and fisheries, particularly in this region, with millions also being employed informally as in India. However, while agriculture remains the most critical source of employment for rural women, it was emphasised that they lack access to the resources they need to be fully productive including land, water, credit, and crop insurance. Addressing this would increase agricultural productivity, with the United Nations Food and Agricultural Organization of the United Nations (FAO) calculating that this in turn would reduce under-nutrition by 12 to 17 percent.

The impact of food speculation through the commodities index and futures market is clearly demonstrated through the example cited by the UN Special Rapporteur on the Right to Food. In 2008, commodity index funds rose to US$ 317 billion from US$ 13 billion in 2007, driving up the costs of oil and food, and contributing to “raising the total number of people living in hunger to 963 million”. The author argued that these dramatic swings and price spikes, like those of 2011, were not attributable to the mechanics of demand and supply, depreciation, or droughts in Australia or Russia, but by artificial demand created by food speculators. Indeed, the world produced more wheat in 2008 and 2009 than ever before.

The paper recognised the impact of these factors on health, livelihoods, and assets, and in particular on the poorest women and identifies risks to men and women’s reproductive health through the use of pesticides and herbicides that were supposedly intended to increase food production but were actually linked to increased risk of cancer, infertility, miscarriage, perinatal deaths, and congenital damage to the central nervous system. The paper also urged increased research, particularly in relation to DNA and chromosomal damage. Overall, the paper clearly emphasised that whether people are food producers or consumers their health is affected by forces they often have no chance of controlling.

The author’s recommendations included: urging NGOs to consider the full range of policies across the agricultural value chain; seeking to place the small holder farmer at the centre of efforts to eliminate hunger and achieve food security; and to ensure that governments promote and protect women’s property and inheritance rights, and access to resources and a fair market. Coalitions are needed to advance such initiatives, supported by governments and development partners that should also assist in mitigating risks. Changes to the Doha Trade Talks, particularly the reduction of developed countries’ subsidies for their farmers and the development of intra-regional trading blocs are urgently needed. More research is needed into the links between food production, malnutrition, and SRHR.

World Café Discussion

Discussants: Dr. Narimah Awin
Sivananthi Thanenthiran

The subsequent World Café session on this topic addressed two sets of specific questions.

1. What are the possible effects or impact of food security on sexual and reproductive health of women and young people in the Asia-Pacific regions?
   a. What specific actions by the State and civil society are needed to address the impact of food security and sexual and reproductive health of women and young people in the Asia-Pacific region?

2. What are the gender differentials in food security? How can the issue of lack of access that women face be framed as an SRHR issue?
   a. What are the special barriers that women and girls face in accessing food?
   b. Do we know if any best practices that enhance women and girls’ access to food security i.e. approaches to provide a livelihood?

Participants were clear that issues of food security and nutrition must be addressed together, recognising that the cheapest food is often the least nutritious. They also agreed that the linkages between food
security and SRHR are not as clear as some of the other linkages under discussion, but food insecurity, hunger and malnutrition lead to poor mental, social and physical health and impact on SRH. While recognising the importance of the four pillars of food security—availability, access, utilisation, and sustainability—it was clear that good nutrition is critical throughout life, not only during the reproductive years.

The discussion focused on vulnerability factors including extreme events, such as conflict and natural disasters; cultural and social discrimination, which deem women and girls to be inferior, both within society and within the household, including the underfeeding of girls to ensure they are more marketable and marriageable or patterns of gender discrimination in terms of food distribution within households; also class differentials which are added onto the gender differentials. The role of the media in reinforcing ideas about women’s body image and promotion of non-nutritious junk-foods; the increasing trend to cash crops rather than food crops and the sale of food for urban distribution all of which takes away the power of women as growers and distributors; the lack of safe drinking water; the link between primary healthcare, nutrition, poor health and SRHR. It was felt that there is insufficient research demonstrating the strong linkages between food security, nutrition and SRHR, and that this has not been properly addressed at the macrolevel.
Recommendations included the need for:

- Policy to encourage women farmers to know more not only about technology but also about health; currently, interventions are often about women earning income and women as bread-winners, but there is a need to be careful about linking empowerment with money
- Policies that re-focus on women and female households, as women are the more vulnerable group and the main producers of food; Policies that need to emphasise the use of local resources
- Advocacy on nutrition education along with comprehensive sexuality education
- Recognition that day school nutritional/meal programmes have been successful in Nepal and Pakistan by keeping girls in school and to improving their nutritional status
- Recognition that some vulnerabilities require many interventions, i.e., gender in disaster/gender in conflict are conflated with food security, e.g., in Sri Lanka 40,000 widows headed households and a similar situation existed during the floods in Pakistan, but food aid was not gender-sensitive—households headed by men had more access and planning needs to be gender-sensitive and cognisant of gender realities in order to distribute the aid more equitably.
- Food security recognised as not the same as nutritional security for women and girls; Need to clarify and advocate for issues related to generational cycles of early marriage, early pregnancy and its linkages to maternal health, maternal deaths, and maternal morbidity
- Masculinity and food security also need to be addressed; communities emphasise male provider-ship and this puts undue stress on men, especially in times of food and economic crisis, as demonstrated by farmers’ suicides in India and elsewhere
- Food security recognised as connected to gender-based violence in the family unit: men sell rice to buy wine, women stay hungry until the men come home, men withhold food as punishment, families underfeed girls to make them look more ‘marriageable’; boys and men partake more of the proteins at mealtimes, as strength is linked to protein consumption; transgender people, lesbians, and gays are often turned away by their families and denied access to both house and food.
- Policies on land ownership and ensuring that women have access to land ownership
- Consumer mobilisation, as consumerism determines what is sold as food
- Collaboration and mobilisation with groups against TNCs and consumer movements against food ‘consumerism’ as well as groups of organised women farmers, currently 90 percent of whom cannot get food and cannot sell their produce
- Advocacy with government ministries to target the Ministry of Trade, the Ministry of Finance, and Ministry of Agriculture at the national level
- Media policy to promote healthy foods and eating habits
- Need to increase recognition of state accountability
- Globally there are specific actions to be taken. These include work with the UN Rapporteur on the Right to Food to advance food and nutritional security as a human rights issue and
- Monitor the G8 Summit and protect food security within global trade agreements (WTO); linking with the Consumer Rights movement and those movements
- Link the right to health and right to food; increase research exploring linkages between food security and SRHR.
The paper, in its introduction, highlighted that climate change (CC) will inevitably increase existing inequalities, impact on freedoms and choices, and in particular on women. After defining adaptation and mitigation, the paper went on to state that the links between SRH and climate change are “always indirect,” although some researchers endeavour to make a “direct and simplistic connection” between CC and population growth, arguing that the simplest way to reduce CC is to reduce population. The example given to support this view is one of the more extreme, the Optimum Population Trust, which claim that “contraceptives are the greenest technology.”

This illustrates the view of some population control advocates that the poorest countries, which are home to one-sixth of the world’s population, and have the lowest consumption rates, are the ones with the large growing populations that will be responsible for increasing climate change.

The paper pointed out that this assertion does not take into account variations in different populations’ consumption and carbon footprint, resulting in the illogical assumption that a decrease in the rate of population growth in the poorest countries will have an impact on emissions. Instead carbon emissions would be more effectively reduced by lowering consumption, especially in those countries with higher Green House Gas (GHG) emissions.

Likewise, the paper argued that a narrow focus on population growth rates ignores the wider implications of other aspects of
population dynamics such as urbanisation trends, migration patterns, and per capita resource consumption, which are the very factors that should be addressed in relation to CC. Noting with concern a worrying return to neo-Malthusian views among some demographers and UN Agencies that believe “early stabilisation of world population would make a crucial contribution to realising sustainable development”, the paper argued that this is a regression from the Rio, Cairo, and Beijing agendas and that Rio+20 must affirm the prioritisation of women’s and girls’ SRHR.

Furthermore, the UN Framework Convention on Climate Change states that the greatest emissions, historically and in the present, emanate from developed countries and that this is where the majority of the responsibility must lie, with the 20 percent of the world’s population responsible for 80 percent of carbon build up.

To achieve this, the Fair Share Level Approach to climate change is proposed as a way to address energy poverty on the one hand, and limit consumption of high level consumers on the other. This would require energy saving technologies, and changing consumption patterns. In line with the clear argument that “women’s bodies must not be the vehicle for climate change solutions”, the UN’s refusal to link population control and Climate Change in the Copenhagen Accord is welcomed, and the National Adaptation Plans of Actions (NAPAs) are seen as the correct place to address legitimate concerns about aspects of population dynamics. It is noted that only 6 out of 40 NAPAs submitted by the Least Developed Countries (LCDs) include “greater access to family planning as part of their agenda for adaptation while prioritising the welfare of poor communities affected by climate change.”

Rights-based access to family planning should remain a priority for governments and donors, not as a strategy to reduce carbon emissions, but in order to recognise the increasing vulnerability of the poorest, whose poverty will deepen due to CC, and the increasing inequities within and between countries. This is encapsulated in the UN Human Rights Council (UNHRC) Resolution 10/4 of March 2009, which notes that the effects of CC “will be felt most acutely by those segments of the population that are already vulnerable owing to geography, gender, age, indigenous or minority status, and disability”.

The paper then explored the vulnerability of the Asia-Pacific, with low-lying islands, mountain chains, densely populated coastal areas, and river deltas. The risks, for example, of rising sea levels, brought about by climate change, are compounded by deforestation elsewhere. Moreover, climate change will exacerbate gender inequality and the low status of women, deepen the vulnerability of many indigenous people through the loss of natural resources, and increase the number of people displaced by the effects of climate change, so becoming either refugees or migrants.

Given that the key sectors affected by climate change are agriculture and food security; energy; and water and the environment, the impact on women is immediately clear. What is not always recognised, however, is that they are also able to lead effective local responses. The paper suggested, therefore, that the impact on women in each of these sectors should be addressed, and, in recognition that CC and environmental degradation impact on areas such as education and health, argued that SRH should be treated as a subsector of health.

As CC will reduce crops yields, and shrink agricultural resources in many areas, this will impact on food prices, nutrition and women’s ability to earn a livelihood or sustain their families, given that in the Asia region, for example, women are responsible for 56 percent of household food production. Not only could these factors contribute to there being an additional 25 million additional malnourished children by 2050, according to the International Food Policy Research Institute (IFPRI) estimates, but the lack of food and poor nutrition are particularly critical for pregnant and lactating women, and so also contribute to child malnutrition. Food security is therefore integral to an environment in which women can attain good SRH, with correspondingly negative effects on their SRH when climate change drives food insecurity.

The paper continued to explore this theme through the linkages between poor water quality and susceptibility among pregnant women to waterborne diseases and malaria, which in turn contribute to anaemia, a major cause of maternal mortality. The further women and girls need to go to fetch drinkable
water, or fuel, the greater the risk of violence and harassment, and, apparently, of miscarriage.

The Asia and the Pacific are disaster prone regions and it is clear that there is a higher level of mortality among women during disasters. When the protection of their family is lost, they also face increased sexual violence, while the likelihood of early pregnancy, school drop-out, trafficking and sex work escalates in post disaster situations.

The paper’s recommendations included: developing the evidence base on the direct and indirect linkages between SRH and CC; incorporating SRH into NAPAs; and increasing investment in rights-based family planning. This also means specifically including SRH in disaster recovery programmes.

More generally, it recommended identifying key policy and funding gaps in order to prioritise SRH and CC linkages, supporting civil society initiatives to enable women to hold governments accountable and ensure that they include the SRH needs of women in adaptation and mitigation strategies and disaster recovery. Clearly efforts must be intensified at national, regional, and international levels to encourage collaboration between development, health, and women’s organisations, and to ensure women play a leading role in the response to climate change, recognising their specific and greater vulnerabilities.

**World Café Discussion**

**Discussants:** Dr. Anna Whelan Avelina Rokoduru

The subsequent World Café sessions on this topic addressed two sets of specific questions.

1. How can SRHR be incorporated into the broader agenda of equity and climate change justice?
   a. What examples have we seen or can we cite where women have been actively and successfully involved in policy dialogue or mitigation/adaptation programs?
   b. What role can civil society play to ensure that the voices of women and those most affected are heard throughout the design and monitoring processes pertaining to climate change policy?

2. How does population displacement caused by climate change, affect the sexual and reproductive health status of women and their families?
   a. Do we have a clear picture of the linkages between CC, Population Displacement and SRH? If not, what information is still missing in order to improve the SRH of displaced persons?
   b. What tools and skills do NGOs need to master in order to influence national and international policies and decision-making around climate-change-induced crises with respect to the SRH of displaced persons?

Discussions focussed on how to work with the climate change movement. For a start there is need for a common language. How can we then devise a common strategy around CC that integrates the needs and rights of women, children and the most vulnerable? And what role can civil society play in improving both our internal coordination to advocate around CC issues, as well as external coordination with national governments and international actors?

While displacement is critical to any discussion around CC, one group insisted on the importance of discussing SRH needs around displacement itself. Women are particularly vulnerable during disasters as their risks increase. These can include the risk of increased violence, miscarriages, abortion, trafficking, forced marriages, demands for sex, lack of contraception, unwanted pregnancy, and social discrimination, all of which are among the realities for displaced women. Overall, both groups focussed largely on positive steps to improve coordination with diverse actors (or potential strategic partners) around SRHR and CC.

It was agreed that interventions around SRHR and CC need to happen at different levels. At the national level, while governments must take the lead in both preparing and rehabilitating communities, NGOs should collaborate with key agencies to ensure that SRH issues are included in both risk preparedness and rehabilitation strategies, for instance, in the case of the MISP package or during the development of national climate policies.
change strategies. At the global level, NGOs should be involved in decision making processes around CC, including in the Rio+20 process. We need to better understand the politics, recognise who calls the shots, how we can make critical engagements with international actors.

NGOs themselves need to become critical enablers. Concrete steps were outlined that would help NGOs to become more aware, more articulate, and generally more capable of engaging with new partners on these issues, so that they can advance a single agenda. Both groups focused very intently on understanding what key steps NGOs need to take to better understand the complex network of CC issues and to plan possible tactics. These included:

- Developing a framework around the specific links between SRH and CC – For this, both groups agreed that we must generate more hard evidence around linkages. Evidence-based arguments developed through research can only strengthen and help to articulate our needs and interests to our climate change partners.
- Choosing our partners wisely – Effective, meaningful partnerships with diverse actors should be carefully considered and nurtured, remembering that partnerships are not easy, and that if there is no genuine shared agenda, partnerships may prove difficult at a later point when critical decisions need to be made.
- Improving our literacy around CC – We need to be more conversant on SRH and CC on various levels and also be seen as equal partners at the climate change table. This will also help NGOs to define the problem. It is worth noting that for some participants this was seen as a key responsibility for SRHR NGOs.

For steps 2 and 3, funding would be needed for research. While there is considerable anecdotal evidence, there is a lack of hard evidence. We also need to consider the differences in various groups’ access to information to bridge information gaps.

In making recommendations, both groups re-emphasised the need to ensure that NGOs have the tools and skills to tackle SRHR and CC issues, and to further strengthen/build our existing network. It was also recommended that a mapping and scoping be done of all NGOs and government agencies in the region that work on SRHR, with the express goal of identifying our unique strengths and capitalising on those strengths in order to better prepare communities and help rehabilitate them following disasters. In terms of immediate actions, for ARROW and others who will be attending Rio+20, a clear message/statement needs to be charted to present and take forward at meetings around SRHR and CC.

NGOs should also use existing entry points, for example, they should ally themselves with environmental groups on all levels, one major opportunity being to work with the green movement on the issue of changing consumption patterns. However, the participants added one very important caveat to this recommendation: we need to clarify and repackage our call to make it more understandable to our potential strategic counterparts, so that we can speak with one voice on CC and SRHR.
Proceedings of the Regional Meeting – Beyond ICPD and the MDGs: NGOs Strategising for SRHR in the Asia-Pacific Region

2-4 May 2012; Kuala Lumpur, Malaysia
Given the critical importance of migration and displacement globally, and particularly within these regions, this wide-ranging, detailed, and thought-provoking paper was not only a timely contribution to the conference but a critical one in planning for the way ahead. This is demonstrated clearly by the statistics provided in the paper: in 2010 the total number of international migrants worldwide was estimated to be 214 million, of which Asia accounted for 27.5 million, 48 percent of whom are women. Just over 40 percent of Asian migrants migrate within the region while five Asian countries are among the world’s top ten emigration countries: China, Bangladesh, India, Pakistan, and the Philippines. Conversely in 2010, the region hosted a quarter of the world’s foreign population, some 53 million migrants.

While some migration is “forced” as a result of conflict, or disaster, others move voluntarily. The major reason for migration will be economic: in order to survive or to seek greater prosperity. Migration within South and South East Asia is dominated by labour migration while Asia is one of the regions worst hit by natural disasters, and Asian refugees account for a quarter of the world’s total. With this background established, the paper focussed mainly on international labour migration and in particular women labour migrants.

The paper proved without doubt that migration is a gendered issue, and while women can gain from new opportunities from which their families may also benefit, they can also experience greatly increased vulnerability. This is particularly so for
It was highlighted that reproductive health in the ICPD PoA, goes beyond the absence of disease to include a “satisfying and safe sex life…capability to produce…and the freedom to decide if and when”, while sexual health includes “the enhancement of health and personal relations”. The paper provided many examples of how these rights can be denied. Many migrants are required to undertake pregnancy and HIV tests before they leave their home country or are required to use contraception.

While some receive pre-departure training, which can be useful in highlighting aspects of life in their new country, little emphasis is generally given to specific relevant legal constraints, their own rights under law, or their contractual entitlements and conditions. Often, there is little sexuality education, and too often women’s knowledge of sex, sexuality, fertility, and sexually transmitted infections, including HIV/AIDS, is limited to myths. Subsequently, they can experience a range of problems including those that relate to their SRHR: some are not given a day off at all; for others who are, it is often not a day when health services are open; others are harassed and abused by employers. Furthermore, they find themselves living alone in new environments with very different mores and behaviours, and endeavouring to discuss sensitive issues in a foreign language and social context. This can be compounded by their fear that merely wanting to access health services may create an unfavourable impression with their employers and so risk termination of their employment.

The paper highlights that 12.8million (39 percent) of Asia’s migrants are under 20. Although, some countries like the Philippines require that one has to be 23 years old to apply as a domestic worker abroad, others like Singapore allow domestic workers to enter from the age of 18. Many young people’s decision to migrate is linked to higher education, beginning work, or getting married. They are even more vulnerable as various studies on HIV awareness and accessing health services have shown.

Regardless of age, migrants’ employment status and contractual conditions are critical to their safety and wellbeing. Time off may be refused; health insurance may not be included, can be impossible to obtain, or may fail to cover certain SRH conditions, and wages can be withheld or delayed. For undocumented migrants, their irregular status increases their vulnerability and exploitation while also denying them access to public health services.

It has long been recognised that mobile populations such as seafarers and truck drivers are important for STI and HIV prevention. The paper pointed out that women are similarly alone, isolated from their families and familiar settings, and may similarly seek relationships, but lack the knowledge and the contraceptives to protect themselves from unplanned pregnancy or STIs including HIV. Data on the number of migrant women who become pregnant, arrested, and deported are hard to locate. What the paper makes clear, however, is that women’s vulnerability and lack of knowledge and access to contraception put them at additional risk of unsafe abortion, risking their legal status, and their lives.

The paper noted too that although transgender women are highly mobile, and often migrate to escape stigma and violence in their home country, there is little research on their health issues. What is clear however is that their vulnerability is reinforced by laws which are particularly draconian in Saudi Arabia, where the maximum punishment is public execution.

Legal variations and the lack of policy coherence related to migrants and health create complex challenges and make a harmonised approach more difficult, and more urgent. The author examines various arguments related to entitlements versus economics, and their impact on the universal right to health. Practices such as pregnancy screening and genetic testing to establish family relationships, and requirements for HIV testing raise major moral and ethical issues which deny the right to privacy and bodily integrity. The Employment of Foreign Manpower Act of Singapore, which forbids foreign workers undergoing “any form of marriage”, becoming pregnant, giving birth, or being involved in any “immoral, undesirable activities” provides an illustration of such
laws which perpetuate inequity and stigma, impacting on SRH and human rights, including sexual rights. On the basis of these examples, the paper argued with good reason that national programmes and policies alone cannot effectively tackle issues related to migration and health. There is rather a clear need for a harmonised approach.

While a number of regional and sub-regional platforms have been established by governments to address a number of infectious diseases such as HIV and AIDS and SARS, there is a real need to address migrants’ SRH across the regions. One of the inter-country platforms, the Joint UN Initiative on Mobility in Mobility and HIV/AIDS in South East Asia (JUNIMA) which includes governments, the ASEAN secretariat, international agencies, and civil society has raised awareness of the connections between migration and HIV, while highlighting that migration “in, and by itself” is not a risk factor for HIV. Indeed, conflating migration and HIV creates a serious risk of increased stigma, which deserves greater research and understanding.

The paper noted that the 2008 resolution on the Health of Migrants approved by the World Health Association called on governments to improve migrants’ health. In 2010, a global consultation of governments, international agencies, and CSOs developed a framework with four key pillars for improving migrants’ health, focussed on the development of migrant-sensitive health systems, policy and legal frameworks, partnerships, and multi-country frameworks. JUNIMA members, UNDP, CARAM-Asia, the International Organization for Migration (IOM), and UNAIDS held a High Level stakeholder Dialogue on Migrant Workers’ Health and Access to HIV services in the ASEAN region in 2011 which called for regional cooperation. Nevertheless, it is also made clear that a number of issues such as the accessibility of prevention services for migrants have not been resolved by such platforms, and that South East Asian governments’ sensitivities have resulted in failure to support efforts to address cross-border HIV issues, preferring to address “migrants’ health” rather than HIV and AIDS.

The South Asian Association for Regional Cooperation (SAARC) has, however, developed a regional strategy which requires regional dialogue on cross-border issues relevant to HIV/AIDS, but apparently no information is available on its implementation.

This section concluded with the comment that it remains to be seen whether such regional and global platforms will result in concrete actions to address migrants’ health issues, and that CSOs have a critical role to play in tracking implementation. Concluding that international migration will “transform” in scale, reach, and complexity, “due to growing demographic disparities … environmental change, new global and political economics, technological evolutions and social networks”, the point is made that issues of migrant health, both regionally and globally require very serious consideration, given their potential impact both on populations where migrants “originate, transit, or travel”, and on migrants’ health as a result of where and how ‘they travel, reside, or settle’.

It is clear, as the paper argues, that addressing migrants’ health must involve linking human rights concepts and proven public health processes, in order to remove disparities in access and to create an enabling environment with appropriate policy mechanisms so migrants can enjoy their right to health, including SRHR, as well as their broader human rights.

This will require increased evidence and research, including examples of good practice, keeping in mind culture, gender and human security issues which can be particularly important for migrants who may have problems with documentation and status. Responses will need to be integrated rather than silo(ed) and providers’ capacity may need to be strengthened and complemented by volunteer health workers from the migrant community.

The paper’s final recommendations were that countries of origin and return, transit, and destination must collaborate through bilateral agreements and MoUs, while internally a cross-government, joined-up approach is critical for a cohesive national response. Regionally and globally, the relevant bodies and platforms, including the UN, WHO, IOM, ASEAN, and SAARC should be urged to address the issues and engage with civil society including migrants’ groups.

In many ways, this paper was a particularly important reminder that this is a major issue for the region, one which is
particularly relevant to improving SRHR, and one where CSOs have a major role to play. It illustrates the interconnectedness of SRHR and the diverse themes of this conference, and of the ICPD PoA, as well as the physical and human interconnectedness of many countries in these diverse regions.

World Café Discussion

Discussants:
Dr. Muhadjir Darwin
Natrapee Wongseangchundr

The subsequent World Café session on this topic addressed two sets of specific questions.

1. How does mobility affect the sexual and reproductive health and rights of inhabitants in this region?
   a. Why do trends of migration persist? How does mobility impact on SRHR of women or marginalised population groups in particular?
   b. What can be done to strengthen regional collaboration among governments and CSOs in the region to better reach migrants and to promote their SRHR?

2. What can be done to increase migrant women’s access to health information, education, and services with the aim of removing their fears and misconceptions around sexual and reproductive health?
   a. What strategies can be developed to remove barriers to access SRH-services for migrant women and to make those services available, acceptable and appropriate to their needs?

One major question for discussion was “Cross border mobility- why do trends persist?” with a secondary question “What can be done to strengthen regional collaboration by governments, corporates, and civil society organisations?”

The introductory presentation suggested that there are several main groups whose needs and rights must be addressed. These include women, and we are seeing the feminisation of migration, young people seeking education and employment, and lesbian, gay, bisexual, transgender, intersex, and queer persons (LGBTIQ). Migration is increasing across much of the region, driven by poverty, conflict, natural disasters, and opportunities for employment.

The discussion covered a wide range of issues and sub-regional differences, with Southeast Asian participants suggesting migrants were predominantly women working as domestic workers or in nursing, whereas others suggested that in South Asia it was more likely to be an issue for men. Women were seen as generally having little idea of their rights and vulnerable to abuse and exploitation. Both men and women were perceived to lack support in the country to which they migrated, and often on their return home. The difficulties were compounded by differences in culture and law, for example laws relating to access to safe, legal abortion. It was felt that the sub-regional bodies like ASEAN had the power to encourage regional collaboration and policy coherence but relatively little had been done, and where bilateral agreements did exist they were generally not effective. Individual NGOs endeavour often to provide support but are often not funded to provide healthcare and support, and they, and the migrants they wish to support, are often unclear about the law and entitlements.

There was a suggestion that embassies need to help those in difficulty but this often cannot be done because confidentiality is a critical issue, especially if the migrants are working in the informal sector. It was felt generally that all migrants should be helped, but that the confidentiality of information should be respected. Too often the families left behind are also unsupported, with men sometimes taking another wife when their wife migrated. In some countries migrants have their passports confiscated, and some governments seem almost to overlook exploitation if there is economic gain.

The recommendations included:

- the need for greater understanding of the complexity of the issues by governments, employers and NGOs;
- greater collaboration and clarity between home, transit and destination countries;
- improved preparation of migrants;
- greater responsiveness by governments and employers to migrants’ human rights including their rights to health including SRH and privacy, and their entitlements such as days off;
increased involvement of NGOs, including migrant organisations, in educating brokers, governments, and potential migrants; and
identification of examples of good practice.

The second major question related to the fears and misconceptions about SRHR among migrants and how services can be made more accessible. A brief presentation described the situation of young migrant women who are frequently sexually harassed, often trafficked, vulnerable, exploited and invisible as they work in the informal sector. Their first difficulty is the language barrier. If their status is illegal, they are afraid of harassment by the police and consequent deportation. Access to health services and information is even more difficult, while discrimination and costs are further barriers. As a result, many migrants wait until they return home to be tested for HIV or to begin ARV treatment.

Migrants who are sexually harassed or have casual sex often lack knowledge about SRHR and share common misconceptions such as the belief that using of condoms is unnatural, and often think that all partners can be trusted. They find it difficult to talk about SRH issues and generally don’t know where to go for support. Often too they are stigmatised and discriminated against which increases their reluctance to seek healthcare or testing for HIV.
The discussion considered a range of issues including the seasonal migration related to harvests, the need for MoUs between countries, and for migrants to know about their rights and the agreements which bind governments to carry out their human rights commitments.

There was some debate, however, about whether data should be shared between countries. It was agreed that CEDAW Concluding Observations detailed the critical issues for governments but although CEDAW is a legally binding convention which almost all governments have ratified, these reports were usually not enough in themselves to encourage governments to take action, nor are they widely publicised.

However, sometimes when action is taken, systems and processes are developed such as pre-departure screening and contraception requirements which can be a denial of human rights, particularly in relation to SRHR. Participants were reminded that migration is a complex, multi-layered issue which is different for each country, even though there are common denominators and similarities between countries. While some migrants claim that there is no risk of trafficking or sexual harassment, others confront the issue of unplanned pregnancy compounded by the knowledge that their home country may not recognise a child born elsewhere, and that the country in which they give birth will similarly refuse to consider the child a citizen.

Recommendations included the provision of health insurance and access to health services, together with the training of peer educators, and the provision of comprehensive sexuality education including understanding about HIV transmission. Not only would this help to prevent male migrants, for example in South Asia, unknowingly contracting HIV, but also protect their partners. Research into misconceptions about sexuality was also considered important. Given that lesbian migrants are often unable to disclose their sexual orientation at home or abroad, health providers need to be educated in order to meet their SRH rights and needs in a non-judgmental way.

From the discussions, it was clear that the issue of migration, and how it is addressed, or not addressed, plays out in many ways across the regions. It was also clear that many of the participants felt almost overwhelmed by the scale of the challenges, including the graphic and moving examples of the denial of human rights, the lack of consultation, and the lack of integration of SRHR in the planning and policy discussions related to migration, which too often focus on employment issues, and on “labour export policies” not the individual person.

Overall, a greater understanding by decision makers of the social impact of migration including the stateless status of migrants’ children is urgent and critical. Sub-regional meetings for Southeast Asia and South Asia would be one way for stakeholders, including NGOs, to consult and initiate the development of legal and policy frameworks that recognise human rights, seek to reduce stigma and discrimination and agree on a joined up regional approach to issues such as budget allocations for health coverage, and provision of SRH services and education in infrastructure projects which has already been successful in the regions. Another important opportunity will be the 2013 UN Commission on Population and Development (CPD). The increase in gender based violence as a result of displacement through natural disasters also needs to be recognised, together with the need to provide SRH services, commodities, and information.

There was agreement from both groups that NGOs need to work across the region and between countries, as is already happening between Indonesia and Singapore, and the Philippines and Hong Kong, in order to prepare migrants and improve support, as well as advocate jointly with sub-regional bodies such as ASEAN.

Overall, there was a belief that this is a grave issue for much of the region that needs to be urgently addressed. This could also include greater use of CEDAW and CRC concluding observations as a basis for advocacy, as well as encouraging governments to sign the UN Convention on Migration, and trafficking protocols, and increased advocacy and use of the UN Universal Periodic Review process already successfully utilised by some NGOs from within the region.
This plenary began by, giving the historical concept of “religious extremisms”, a term believed to have been first used by American Protestants in the early 20th century to distinguish themselves from the more ‘liberal’ Protestants whom they believed had distorted the Christian faith.

Since applied to reform movements in other faiths, it can be considered to describe religious conservatives, whose ideas may be modern and innovative in some ways. Fundamentalisms have been described as following certain patterns. An “embattled” form of spirituality, they can be seen as responding to an apparent crisis and the threat of annihilation by enemies with secularist policies and beliefs. This has then led fundamentalists to retrieve past doctrines and practices, and often to withdraw from mainstream society to create a counter-culture, while drawing on modern “pragmatic rationalism” to create an ideology and action plan.

It is argued that extremisms emerged in the Asia-Pacific following the winning of independence by most of the region’s nations, fuelled partly by political and economic crises, and the need to ensure the “purity” of race or religion, which can only be safely achieved through the control of women’s sexuality and reproductive capacity.

Recent research from ARROW was cited, which identifies religious extremisms as one of the major obstacles to the achievement of reproductive rights as human rights in the regions, contributing to continuing gender inequality, together
with a lack of consistent accurate data on causes of maternal mortality and morbidity, limited access to legal services, and the adverse impact of international policies. Religious extremisms "promote stereotypes about women based on inequality between the two sexes; and used in political arena to deny women recognition of their rights".

Expanding on this premise, the presentation referred to the work of Norani Othman who sees all Islamist movements as impacting most on women, their status, rights, roles, and responsibilities. Treated as subordinate, second-class citizens, they are also given special treatment and respect as “the gentler sex”, regardless of social realities. The paper then briefly compared this with other major world religions.

In Hinduism, it can be considered that fundamentalism had its roots in the nationalist projects of the 19th century, with women’s sacrificial protection of their chastity being seen as admirably courageous. Christian texts were given conservative interpretations in countries like the Philippines to control women in relation to issues such as contraception, divorce, and abortion, while Buddhism, which 2,500 years ago did not discriminate against women, now, under patriarchal influence, teaches that “being born a woman is the result of a previous bad karma and is a misfortune. The male body is sacred, higher, and more superior.”

The paper pointed out that most religions’ attempts to control the reproductive lives of women result from male-dominated structures. Not only does this prevent women’s access to reproductive health services and information, but increases the likelihood that those in powerful government positions, generally also men educated in patriarchal traditions, will accept fundamentalist opinions which reinforce male privilege, partly because they are familiar.

The outline of AWID’s 2008 global survey of 1,600 activists and 50 key experts highlighted how women’s rights activists across the world had similar experiences in relation to religious fundamentalisms. Despite their diversity, 76 percent believed that fundamentalism is not restricted to any one religion, but has increased globally in the last 10 years, so gaining greater power to influence social norms, national institutions and international decision makers and define laws and policies, especially in the areas of “morality” and bodily autonomy.

Forty-two percent of respondents defined religious extremisms as “absolutist and intolerant”, whereas only 2 percent saw it as being “about culture and tradition.” The most influential players were considered to be religious leaders; local/national/ international religious institutions, organisations and groups; militant parties and groups; religious and secular political parties; NGOs and charities with fundamentalist links, and governments. The five most negative impacts were considered to be reduced health and reproductive rights; reduced general autonomy for women; increased violence against women; reduced sexual rights and freedoms; reduced rights for women in the public sphere.

The research is shown to have demonstrated that religious fundamentalist campaigns focus on “the restriction of reproductive rights, monitor ‘morality’ and impose rigid norms of sexual identity”, which has major implications for women’s autonomy and especially so “for the rights of LGBTIQ persons and communities.” Again citing Norani Othman, the paper suggested that owing to the recent rise of political Islam and extremism, the world has witnessed issues being increasingly viewed through a perspective that combines pre-modern conceptions of gender roles, human rights, and compliance with unrealistic laws, from the Middle East to South East Asia.

The impacts of religious extremisms include increased sexual violence such as female genital mutilation/cutting (FGM / FGC) in countries such as India, Indonesia, Sri Lanka, and Malaysia to control girls’ and women’s sexuality, despite there being no direct religious texts that require it, and the health risks that have been clearly documented. Expectations that women will remain virgins until marriage and the view of girls and women as ‘property’, have resulted in virginity testing, honour killings/crimes, strict dress codes, and child marriage. Converting religious precepts into state legislation has resulted in excessive moral policing of women resulting in punishments such as whipping. Contraception is seen as a western imposition, to be practised only by married women for birth spacing, while abstinence is the only option for those outside marriage, and sexuality education is unacceptable to religious extremists because it is considered likely
to increase sex outside marriage. Abortion is viewed as the killing of an innocent life by extremists of various faiths.

These views have been challenged by numerous Islamic scholars, as was highlighted later in the conference. However, it was made clear that the use of fatwas and the blurring of the lines between religious teachings and secular law and policies, as interpreted by religious extremists, have had a number of major impacts.

These include the stalling of access to family planning in countries such as Indonesia; state support for violent punishment for crimes against Shariah law, as in Malaysia; young people’s inability to protect themselves from HIV because of lack of knowledge; violent punishments for those who are seen to infringe expectations of “moral conduct”; confusion among both health providers and their clients as to what is legal and what is not. Increasingly too these restrictions are placed on those who are not followers of Islam.

The concept of ‘family’ also takes on disproportionate significance as demonstrated by the teachings of Catholicism resulting in divorce being illegal in the Philippines, while elsewhere Islamic men may divorce, but not women who are instead controlled through laws relating to disobedience. Likewise, laws which are proposed to prevent violence against women within marriage fail to pass because of religious influence, while those who speak out against the inequalities and harshness to which women are subjected on religious grounds are vulnerable to police surveillance and arrest.

It was clear from the presentation that the most effective defence against religious fundamentalisms is to ensure that state and church remain separate. In summary, the paper argued that religious extremisms use “women to map its territory and construct its borders”. Women’s sexuality and reproductive capacity are viewed as points of vulnerability and opportunity within a heightened concern about ‘purity’ of race or religion; therefore, they must be policed and controlled to ensure they produce the ‘pure’ heirs of their race or religion. This in turn contributes to pressure on young people.

In addition, religious extremism “promotes stereotypes about women based on inequality between the two sexes, and religion is used also in the political arena to deny women full recognition of their rights”. Similarly, the sexuality of young people is repressed in order to protect their “innocence” through the imposition of “parental rights” and “parental consent” laws in order to control young people’s SRHR. It is clear, therefore, that the empowerment and achievement of full access to SRHR of women are closely and inherently linked with the empowerment and achievement of full access to the SRHR of young people and the two must be considered together. This is a particularly important message for this intergenerational conference.

The paper concluded with numerous recommendations, which included networking to raise awareness of SRHR issues; reclaiming religion, and including SRHR within the context of religion and a rights-based perspective; working with the media to ensure women’s rights are understood, and discussion takes place, even among the silent majority who are too afraid to speak out; reforming education curricula; writing and publishing in order to counter the predominance of religious texts; involving men who are progressive on these issues.

World Café Discussion

Discussants: Dr. Dina M. Siddiqi
Magdalena Lopez

The subsequent World Café sessions on this topic addressed two sets of specific questions.

1. How do you differentiate cultural from the religious aspects when it comes to SRH?
   a. What are the experiences of NGOs in dealing with cultural and religious dimensions of SRH issues?

2. How can NGOs at the country level and the regional level respond more effectively to the anti-SRHR religious extremists who have derailed the progress of devising codified national laws for contraception and safe abortion/SRHR?”
   a. Is there a way of framing the issue better and not only as an issue that pits secularism versus religion? Are we missing
something in our analysis that would better inform our strategies?

b. How can non-religious/secular activists support the work of religious progressives in moving forward SRHR?”

c. What have we done and are doing in countering religious extremism that is effective at the country and regional level? What else can we do? Can we do more? What can we do better?

These questions resulted in a vibrant discussion, the main points of which can only be briefly summarised.

Fundamentalisms/extremisms are not the same phenomenon everywhere, and needs situating it in historical and geographical context. The resistance to SRHR does not always come from religion or culture, but other issues. There is a need to breakdown the difference between religion and culture- so much of what is discriminatory in our laws is “driven by religious interpretations and pushed by cultural reasoning” need to breakdown the difference between religion and culture- so much of what is discriminatory in our laws is “driven by religious interpretations and pushed by cultural reasoning”.

However, in the words of one group member, when you do distinguish between culture and religion, and work with women on that basis, it is extremely liberating as it gives you courage to speak out, because you recognise that these interpretations are not the truth, but instead others have been “duped” by the misleading ideas that have been handed down in the past. Often when a practice is imposed on one group by another, few people speak up, even if they disagree, not because they are religious, but because they are afraid.

There is a need to start thinking about religion and culture as part of a larger power structure and ask the key questions: “Who gets to speak, who gets to mete out punishments or set agendas in the name of culture or religion?”

Culture and religion are not monolithic, but are selectively used by those in power.

It is important to understand what makes religion important today, not in some historical past. For some, religion provides solidarity, which is a human need, in the face of neoliberal policies, and is also a refuge from increasing inequality. We increasingly witness neoliberal movement and so-called secular parties co-opting religion to further their neoliberal agenda, SRHR is linked at so many different levels to the reality of women’s lives and impacts so deeply, so there is a huge opportunity to maximise this, resulting in a common solidarity. However we must ask ourselves why haven’t we yet created a broader base and had more success. Perhaps one reason is that sometimes as feminists we oscillate between being against religion, disregarding it, or seeing it as alien and “other” and we should guard against that, because we begin to act as fundamentalists.

It can be difficult to convince families and religious extremists to talk about issues of SRHR. We need to approach this through the reality of women’s lives, their mental and physical health, through human rights principles and commitments to conventions, through flexibility in adapting to the local context, choosing our language and using “silence” to avoid conflict, although this can lead to a reactive position. It is also important to create broad coalitions across movements to people who need these rights, to the groups that have a strategic interest in those rights. These acts in themselves open up conversations and spaces, create curiosity.

We must also ask ourselves why the religious right is so successful, even when they are a minority. How do they mobilise and create moral panics? Part of this is the holding on to knowledge, and refusing to share that knowledge. Who are those who assume the role of speaking for women? Where is the money coming from?

In doing this, there is a need to look at how we keep going and revitalising our spaces. Increasingly, funding is not available for autonomous spaces for women.

We must not just critique but present visions of what we are and what we want as viable alternatives, and call for the implementation of the ICPD now and beyond.

The recommendations include:
- Breaking down the differences between religion and culture;
- Thinking about culture and religion as part of of a larger power structure;
- Present viable alternatives
The Way Forward

The discussions on the six different themes in the context of SRHR issues of women and young people in the region brought forward a range of recommendations. However, it was realized that collective strategizing and cohesive action was needed to initiate translating those recommendations on ground in the region. To move forward in this regard, the participants of the meeting suggested the need to:

- Be more open to engaging with academia to strengthen partnerships and contribute to the curricula
- Strengthen existing alliances and establishing new ones
- Link with broader-based movements, and across generations, so ensuring cross-movement collaboration and engagement (e.g. human rights, environment and women’s groups and others) and build local, national, regional and global platforms for strategizing and advocacy; this will require some groups to facilitate
- Formalise the outcome of this meeting by forming an alliance from participants of the meeting to think and plan beyond 2012-2014 and ensure meaningful participation of young people, particularly those from the global south, including making sure that they take part in decision making processes
- Work for greater protection, promotion and recognition of sexual diversity and sexual rights including those of young people and the human rights of LGBTIQ
Encourage greater accountability and transparency from governments, UN agencies, donors and civil society
Review how well we are integrating ICPD goals, principles, and values into our own organisations, including how we monitor and institutionalise rights-based approaches
Be aware of difficulties faced by youth-led organisations, and support youth groups by providing technical assistance, as needed (and requested) and assistance in gaining legal status and recognition if required
Be clear about how we see young people in the movement, and respect their decision making role
Hold an alternative conference on population and development that is mainly an NGO space so we could reformulate the ICPD framework in the light of globalization, the ICPD review and other issues
Ensure spaces for grassroots organisations to be part of the ICPD and beyond review processes, which will require funding
Plan an Asia-Pacific SRHR research forum/network to exchange ideas; share research; facilitate discussions and networking-the Fiji National University Faculty of Medicine willing to take lead on this
Share resources and frameworks for integrating SRHR in the medical and nursing curricula and for CSE
Advocate for rights-based funding policies and grants which are not just a donor driven agenda but respond to need, without requiring targets for SRHR services such as family planning and abortion
Rethink our strategies in countering the rise of extremism, conservatism and fundamentalism in the region over the last 20 years
Encourage Asian Forum of Parliamentarians on Population Development (AFPPD) to fully commit to working with civil society, and with parliamentarians from different countries, particularly to counter extremism
Synthesise and review our achievements and analyse, how to build on those successes and maximize our efforts without becoming silo(ed), or underestimating the opposition to SRHR, and the rights based agenda of ICPD
Set up monitoring mechanisms for governments, parliamentarians, and civil society to measure progress on the ICPD, Rio, and the MDGs and make sure SRHR remains on the agenda
Train young people to help monitor MDG, ICPD, other internationally agreed agreements
Utilise the youth resolution from the 2012 UN’s ICPD meeting for advocacy, including the commitment to give space to young people throughout the ICPD review process. Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) as leaders
Foster South-South collaboration, especially with like-minded groups from Africa and Latin America to create a stronger global voice to advance the SRHR/ICPD agenda
Build on existing alliances as well as building new ones)
Support capacity development of partners in Timor Leste

The Kuala Lumpur Call to Action emerging from the two days consultation was presented.

Closing Remarks by Dame Carol Kidu, Member of Parliament, Papua New Guinea

In her closing remarks, Dame Carol Kidu thanked ARROW for taking the lead in organising the meeting and bringing academics, activists, parliamentarians and development partners to share experiences and strategise on SRHR in the Asia-Pacific. She congratulated the team that synthesised the inputs from the meeting into the Kuala Lumpur Call to Action, which defines the comprehensive SRHR agenda of the regions leading up to 2014-2015. She said as the ICPD and MDGs were reaching their term, and while our governments have stated their commitment to a rights framework for SRH, the grassroots reality for the majority had not changed in many countries.

Nations need to address the disconnect that often exists between the government and the people and engage with communities in culturally sensitive ways without compromising the rights of individuals. She called for a paradigm shift in mindsets at all levels of society so that every individual enjoys access to opportunities to take ownership of development issues and build inclusive communities.
The Asia-Pacific regions are diverse, and too often, it is spoken of as one homogeneous whole, but they are far from that. In conferences such as this and conversations about the Asia-Pacific, the Pacific is forgotten, she added. However, she was pleased to note that the Pacific was a separate sub-group in this meeting and urged that all conferences allow for “Pacific specific” time, as some recommendations may need to be specific to the Pacific. She stressed on the need for political commitment, if changes in policy, legislation and budget allocations are to become institutionalised and sustainable.

Touching on whether the MDGs had compromised ICPD, she said that while MDG5 is important, we must not lose the focus on the bigger issue of SRHR. It is about the rights of real women, real people, and families and not just numbers. And most importantly, if we are committed to the SRHR agenda, then we must make space for meaningful involvement of young people.

We need political champions for the reality faced by young people. Making all this happen is about getting enough people to paddle in the same direction, and we definitely need more women paddling the canoe!

Dame Carol reflected that it was essential that the Kuala Lumpur Call to Action informs the upcoming International Parliamentarians Conference on the implementation of the ICPD PoA. It is essential to ensure that the critical issues of SRHR are included in the new 2015 development framework.

Today’s political focus on economic growth, and the MDG5 focus on Maternal Mortality too often comes at the expense of health, human rights, and education. Without this broader investment, women and young people cannot achieve sustainable development, and ICPD will remain a wonderful dream!

Sivananthi Thanenthiran, ARROW’s Executive Director, thanked all the participants and resource persons who worked hard to make the two-day deliberations so rich and vibrant, and to come up with a concrete outcome: the Kuala Lumpur Call to Action. To ensure the action-oriented follow-up of the meeting and to sustain the momentum towards setting an Asia-Pacific SRHR agenda in the lead up to 2014, she proposed the formation of an Asia-Pacific partnership. SRHR is one of the most important issues in the world, and while the attention focused on it has shrunk considerably, together we need to look at how we can bring the issue back to the centre of development debate.
Opportunities for NGOs at National, Regional, and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement Meeting Report 4 May 2012, Kuala Lumpur, Malaysia
In an opening exercise, participants voted on the name of the alliance that would work towards ensuring the action-oriented follow-up of the meeting outcomes. Having received the most votes from the nominated titles, the name “Asia-Pacific Partnership for SRHR & Sustainable Development” was adopted. It was agreed that ARROW would set-up a listserv to ensure communication between the partners is kept alive as we work together towards taking forward a comprehensive SRHR agenda for the region.

ARROW Executive Director Sivananthi Thanenthiran, in her introduction, said that the past two days had yielded rich discussions on the themes of universal access to sexual and reproductive health, poverty, food security, climate change, migration, and religious extremism, all critical issues of development, and all linked to SRHR. We in the SRHR community believe our issue to be central to all development issues, and we can actually make the interlinkages, which will enable us to advocate and intervene in different sections within national development plans, in addition to the women's section and the health section, and better articulate how SRHR is a broad development strategy. The third day would provide the space for participants to dialogue with UNFPA and look at possible opportunities for engagement in the ICPD review processes. We would also develop sub-regional action plans for advocacy in the lead up to 2014.

Kiran Bhatia, Gender Advisor of the UNFPA Asia and the Pacific Office, said in her opening remarks, that the last two days had been inspiring for many reasons, partly because of the diversity of the participants, including both NGO leaders from the Cairo conference in 1994 and young people who are already influential advocates. This resonated well with UNFPA’s commitment to implement its plan on population and development, SRHR, and gender equality in consultation with women and young people, so keeping them at the centre of discussions.

UNFPA has done much to build the evidence related to the ICPD agenda, for example, through the important work of supporting national census processes to gather national data to support planning and implementation. One of the more recent areas of UNFPA work has been in relation to humanitarian crises, where too often, the response can focus on infrastructure rather than people. UNFPA has developed tools for measuring, planning, and implementing programmes in crisis situations.

Kiran stressed the importance of looking at SRHR and issues across the life cycle—those that specifically concern the issues of the young as well as the aging. Likewise, it is vital to increase access to services and information for both married and unmarried young people. A number of persistent issues such as gender-based violence in SRHR still need to be addressed. Even with significant evidence, the arguments do not seem to be sufficient to motivate governments to take action on these issues, which are often seen as the private problems of women. To address these critical issues, it is important to work with ministries of planning and health, and with sub-regional bodies such as ASEAN and
SAARC. Civil society has a key role to play in pushing the agenda, through evidence and analyses of the barriers to action, including financial barriers.

The UNFPA is determined to support that role, and to follow up any concerns about country offices so that this can be achieved. It is expected that the planned UNESCAP meeting will advance these issues further.

Kwabena Osei-Danquah, Executive Coordinator of the UNFPA’s ICPD Beyond 2014 Secretariat, introduced the two UNFPA staff who are the focal points for the ICPD beyond 2014 processes: Noemi Espinoza and Anita Wiseman. He thanked ARROW for the opportunity to be able to consult with civil society organisations and other stakeholders in the region. He provided a brief outline of the process that was underway, following the UN General Assembly’s recognition that the ICPD PoA was coming to an end, while acknowledging it was also under attack.

The resulting decision, encompassed in Resolution 65/234, provides an opportunity to extend the timeframe for implementation beyond 2014. However, as no new deadline was set by the GA for targets to be achieved, the Resolution makes it difficult to encourage governments to complete the goals of the PoA. There would also be no negotiated conclusion or outcome document emanating from the 2014 UN General Assembly Special Session, which could also make persuading governments of the need for further action difficult. The challenge, therefore, will be to ensure that governments continue to be held accountable for the commitments they have made, while also taking into account new and emerging issues. The Kuala Lumpur Call to Action is a reminder of how much remains to be done and the urgent need to move forward as the ‘Agenda’ is far from secure. Kwabena added that implementing the PoA is not a linear process and that the need to focus on young people, especially girls is urgent, so that the gains of the sixties and seventies are not lost.

To accomplish the goals, it is important to build consensus on the issues where progress is needed most, and to form strong partnerships, including those between the UN and civil society and young people, who have been central to the process and will continue to be. Consultative meetings have already been held in New York and other steps have been taken to ensure that the review is of sound quality and can stand on its own. It will need to be a convincing and respected reference tool that clearly demonstrates the important areas requiring urgent implementation, although, as it will not be a negotiated document, it cannot be imposed on governments.

In order to strengthen the process and reports, a number of stakeholder groups, members of civil society, and research organisations have already contributed to the planned review process.

In past reviews, questionnaires varied for different regions and countries, but this time in order to capture comparable data it is standardised and not open-ended. The lesson has been learned from the MDG planning processes, which had resulted in the MDGs being too narrow to encourage the implementation of the ICPD agenda. This review process, of which this Kuala Lumpur meeting is part of, and the forthcoming reports, will therefore be crucial in ensuring that there are strong linkages between the ICPD Review process and the decisions that Heads of State will take in the lead up to the new global development framework in 2015.

Because it is inevitably difficult to persuade both the UN Secretariat and member states to take a broad approach to the kinds of linkages proposed in the ICPD PoA, it is critical to ensure that the UN system as a whole is part of the review process. It has also been important to assess what authority and influence similarly non-negotiated reports have had in the past. The Millennium Project Report led by Jeffrey Sachs, for example, was held in high regard, even though some governments disagreed with aspects of it.

As a result, it has influenced development strategies at country level with significant results, as for example with the reduction of malaria through the provision of bed nets. It can therefore be seen as a model, as can the MDGs, and the belated Target 5B, “universal access to reproductive health,” neither of which were negotiated. It has been also been important to develop a new kind of process that everyone could get behind, including new actors. In the past ICPD did not have a single monitoring framework to measure countries’ progress in implementing the PoA. This time civil society has been involved in the development of core
indicators, which will be used to develop country implementation profiles, and align the questionnaires. Civil society has been involved in reviewing the draft questionnaire, and comments have been received from all regions.

The next version will reflect that feedback and be reviewed by governments. In completing the final questionnaire, governments will be asked to ensure civil society’s involvement to ensure both the credibility of the process, and that each country’s situation is fully reflected. The final data will be compiled into a single database which will be accessible to all. It will provide the basis for regional analyses and reports, with regional conferences being held between June and September 2015 with the engagement of civil society and young people in preparatory meetings.

Overall the ICPD review process will have 3 specific outputs:
1. A report of the whole review;
2. The Secretary General’s summary of that report with key recommendations; and
3. An Index report which will include
those areas that governments consider to be critical.

The Index report will be presented to a Special Session of the GA (UNGASS), together with the SG’s report, with the intention of the GA reaffirming support for ICPD.

UNFPA is aware of the criticism that this process will not involve a negotiated outcome, but believe that if the reports are strong enough, and the process is credible, consensus can be achieved.

Rather than rely only on the country questionnaires to ensure this, a conference of young people will be held in Bali 4-6 December 2012, as part of capturing the views and needs of young people. Concrete recommendations and greater visibility of issues related specifically to women and human rights will also be developed through similar, wider thematic processes, rather than relying only on the country questionnaires.

Noemi Espinoza, Civil Society Partnerships Specialist of UNFPA New York’s ICPD beyond 2014 Secretariat, went on to outline the processes for involving civil society in the implementation of Resolution 65/234. Civil society stakeholders were central to the Cairo process and outcome, and UNFPA and its Executive Director, Babatunde Osotimehin are fully committed to this and as a result have already held a number of consultative meetings.

The Kuala Lumpur meeting is the fourth of five regional meetings involving young people and members of the civil society in consultation to review and plan for 2015 and beyond. Each of these has had a different format. The Ghana meeting involved capacity building for advocacy and resulted in the Accra Call to Action.

The Caribbean’s was held in Jamaica, and Europe’s in Istanbul, where faith-based groups and those representing minority and vulnerable groups were also involved. The last will be held in Montevideo. Noemi stressed that when participants return home from these meetings, including Kuala Lumpur, it will be important for them to similarly engage with their country-level partners to build support as was done in 1994, and to help to build civil society capacity to participate in country workshops as part
of the review and validation process, and ensure involvement in planning for 2015 and beyond.

The afternoon session would provide the opportunity to consider this and wider follow-up activities, noting that some of the other meetings have resulted in the establishment of regional networks and decisions to build capacity for participation on national delegations.

**UNFPA-NGO Dialogue**

The presentations were followed by a dialogue between civil society, including youth representatives, and UNFPA delegates. The panel members representing UNFPA and UNESCAP included Galanne Deressa, Kiran Bhatia, Kwabena Osei-Danquah, Maren Andrea Jimenez, and Noemi Espinoza.

The session was moderated by Rashida Shuib. A number of issues were raised in the ensuing one and a half hour discussion. Broadly, these revolved around funding and resources for civil society participation in the review process, role of private sector engagement, CSO and government engagement in the global survey process, and CSO versus youth involvement.

In response to the question regarding NGO/CSO funding for the global, regional and national review process, Kwabena said that there were two sources of funding available to facilitate NGO participation:

1. Through the UNFPA country offices who were authorized to work with NGOs, and the youth; and
2. Through resources being mobilized to help with the global survey, and CSO/government participation at various conferences.

However, UNFPA engagement was primarily for advocacy and not for providing financial support.

In response to the question regarding the involvement of private sector, Kwabena said, “As not many NGO representatives and youths can be physically present at the review process as well as at the various conferences, the private sector (mainly the social media companies) is being engaged as a “partner” to help with setting up communication and outreach thereby ensuring more NGO and youth participation.”

With regard to the global survey, UNFPA urged the NGOs to provide feedback to government responses and communicate with the UNFPA country offices and focal points. This will help identify gaps in the questionnaire. Due to poor responses from the government in the previous surveys, UNFPA is planning to hire research institutes and consultants to collate data and do the initial analysis of the questionnaire.

However, the participants were very critical of this plan as there was existing expertise within NGOs which could be utilised rather than consultants. More funds were needed for NGOs to participate in national delegations, and governments’ needed to be willing to partner NGOs. UNFPA agreed that it would consider both issues.

Participants also raised the issue about governments not being fully informed about the process. Kwabena took note and ensured that it will be communicated to the focal points at the country offices and to the UN Resident Coordinator. Moreover, he added there would be country-level capacity building of government as well as UNFPA focal points to understand the questionnaire. There was considerable discussion about the privileged position of some national NGOs, over others. While their involvement gave the appearance of government consultation with civil society, some of these organisations are not independent of government.

It is therefore important to involve autonomous NGOs with a legitimate mandate from their stakeholders, especially women’s and youth organisations. Many participants also expressed their concern over the use of the term “CSO” instead of “women’s rights organization” and why there was a binary divide between CSOs and youth. They saw the use of the term CSO as being loose and encompassing all groups including conservative organisations that don’t stand for women’s rights.

Discussion also included the forthcoming global thematic conferences in the lead up to 2014, where participation by NGOs and the youth is expected. It was also mentioned that there will be 2 meetings prior to the Asia-Pacific Population Conference (APPC) scheduled for September 2013. These include the NGO Forum and a Parliamentarians Forum. Maren Andrea Jimenez said the APC would include the ICPD review.
In addition, there would be side events such as the Asia-Pacific inter-government conference on HIV/AIDS. With regards the inclusion of indigenous and other marginalised groups in the Pacific review process and meetings, Maren Andrea Jimenez said that the Pacific region was diverse and they would like to capture sub-regional differences and would look into parallel initiatives, possibly in Fiji. Civil societies would have write to the UNFPA country offices to advocate and nominate participants.

Overall the participants were pushing UNFPA to play a more proactive role in getting governments to open up spaces for substantive NGO engagement at the national level.

**Sub-regional Working Group Session**

Following the morning’s dialogue, the afternoon session was dedicated to developing sub-regional action plans. The participants were divided into five groups. These were: the East and Central Asia, South Asia, East Asia, the Pacific and Youth. Each group discussed:

- From the issues arising from the meetings on 2–3 May; the top five issues from the sub-region;
- Upcoming opportunities in the lead up to 2014 for groups to engage in and why this would be important, and
- What concrete actions can be taken by the group to maximize participation/influence opportunities identified?

**East And Central Asia**

As summary of the priority issues and actions presented by the group having representatives from China, Mongolia and Japan are:
- Importance of governments’ commitment to ICPD and more actions to support these commitments.
- The variable quality of comprehensive sexuality education (CSE), issues related to gender inequality and inequity; a sub-regional meeting would help to build regional momentum.
- Migrant-related issues, including their SRHR in some countries, especially in China.
- Engagement with media, parliamentarians, and NGOs at the country levels to keep each country’s commitment to ICPD and to monitor progress towards the implementation of the ICPD PoA.
- Development of an online resource sharing mechanism; informing and building new leaders and champions in government and NGOs are also critical strategies.

**South Asia**

The group included representatives for Afghanistan, Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka. The highlight of priority issues include:
- Sub-regional priorities need to be aligned with the Kuala Lumpur Call to Action, from which they had ranked the key priorities 5, 4, 6, 12, 11 (see the KL Call to Action for points)
- Fulfilling the right to universal access and a continuum of care.
- Ensuring accountability mechanisms and transparency.
- Providing quality CSE and services for young people.
- Ensuring meaningful engagement of civil society.
- Abolishing the global and regional neoliberal agenda.
- Collaboration between NGOs and their capacity development.
- Developing strategies to tackle barriers and a consensus document which demonstrates interconnectedness of the critical issues, as this is integral to the Call
- SRHR needs to be visible and remain politicised so as to create political will.
- Vigilance and pro-activeness in monitoring public-private partnerships.
- Making links between education and SRHR at the macro policy level.
- Different networks of NGOs at the national level need to complement each others’ strengths, and form an alliance with other movements such as those working for the Right to Health and the Right to Food.
- Involvement of national level NGOs in all official processes to identify opportunities and allies at the regional levels.
- The need to do our homework thoroughly. This includes identifying governments that are supportive of our agenda, including EU countries, arranging formal meetings with the UN Rapporteur on the Right to Health, and building links with media which
have a crucial role.

- Setting up of a regional and/or sub-regional listserv to enable sharing of information to prevent duplication.

South East Asia

Priorities highlighted by the group made up of representatives from Cambodia, Laos, Vietnam, Thailand, Malaysia, the Philippines, and Indonesia were:

- Importance of universal access to SRHR, including CSE; access to youth-friendly services; recognition of sexual rights; migration; recognition of universal human rights especially in relation to women, young people, and LGBTQI to end gender inequality, violence and coercion; elimination of poverty and full recognition of the impact of poverty and religious extremism on SRHR & women’s empowerment.
- Need to develop strong evidence-based advocacy at sub-regional meetings including the reviews of ICPD and Beijing, ICAAP (2014), and High Level Meetings of Ministers to raise the issues and gain global and regional attention and influence.
- Strategies could include side events on key issues such as CSE and youth-friendly services; a regional campaign across all countries on the same day on a specific shared issue over the next 3 years, for example on International Women’s Day; sharing resources on advocacy given the different capacities and levels of understanding of advocacy; and regional advocacy dialogues with targeted regional stakeholders.

Pacific

The group, which consisted of representatives from Fiji, Kiribati, New Zealand, PNG, and Solomon Islands, considered a number of issues that need to be addressed as priorities:

- CSE and increasing contraceptive use; conservative attitudes; the needs of an increasing youth population; reproductive cancers; recognising and meeting the needs and rights of those with diverse sexualities; issues of abortion; the impacts of climate change and the resulting displacement of people, driving trafficking, sex work and environmental degradation
- Some regional opportunities that could help to address these issues were identified including the New Zealand Parliamentarians on Population and Development group’s Open Hearing in June on young people in the Pacific, organised by Family Planning International; a UNFPA programme on SRHR indicators in Fiji in September; the December UNFPA Bali Global youth conference; the Pacific tri-annual conference for young women and leadership; the annual health ministers meeting; Pacific Islands Forum; technical meetings of health secretaries/directors; and in 2013, the APPC and UNESCO regional/sub-regional meetings

Youth

The report representatives from all sub-regions highlighted:

- Meaningful youth participation from the global south in every development-related task at national, sub-regional, regional, and global levels together with the importance of the protection and promotion of young people’s sexual rights and the need to challenge stigma against LGBTQI youth and young women.
- In particular, issues such as migration, employment, and religious extremism have high importance for young people. To engage young people, move forward on these issues, and carry out activities related to the Kuala Lumpur Call for Action and the ICPD+20 agenda, the existing Asia-Pacific Alliance on ICPD+20 should be strengthened and expanded.
- Specifically activities would include:
  - Mapping youth from the communities who want to participate in order to monitor ICPD; host an NGO secretariat for national surveys; push for the inclusion of SRHR in constitutional processes; follow-up from the 45th UN Commission on Population and development meeting; and create a national youth alliance.
  - Organising sub-regional sensitisation meeting in South Asia to share the Kuala Lumpur Call to Action and the process used to develop it, and also to use outcome documents from the 45th Commission on Population and Development.
Work with ASEAN, through a monitoring team to raise awareness and add an SRHR perspective to policies and initiatives.

Push for RIO+20 youth events and sub-regional spaces.

Work with organisations such as South Asian Regional Youth network (SARYN) and the ASEAN Youth Movement to promote ICPD+20 process.

The Global Youth Forum (GYF) will be an important event and it will be important to join the local and international steering committee as soon as possible as a key strategy, and to build on existing regional processes for south to south cooperation (Latin America and the Caribbean, Asia-Pacific, Africa) to create synergies at GYF, and achieve meaningful global south participation.

The Asian Forum for Parliamentarians on Population and Development (AFPPD) should disseminate a letter to encourage young parliamentarians, and young women in particular, to promote the ICPD+20 processes.

At the Public Health Assembly (PHA), a youth ICPD+20 processes will be supported using the Asia-Pacific process model.

Review 2012 interventions for relevance and effectiveness in preparation for UNGASS 2014 and UNESCAP/UNFPA conferences. Youth participation in these critical processes and events will require resourcing.
Conclusion

In all there were many common issues identified across the region: the impact of poverty and conservative attitudes; the urgent need for comprehensive sexuality education and youth friendly services; the impact of religious fundamentalisms, neoliberalisms, and climate change; the need to acknowledge and address issues of sexual diversity of people; meeting the needs of migrants, women, and young people in line with human rights commitments and obligations; the education of health professionals; and the need for a comprehensive approach to SRHR including addressing STIs.

There is much in the KL Call to Action that will shape actions that are needed at the micro-, macro- and regional levels to create visibility for the issues, create new spaces that are not UN-driven, develop a research agenda, and work across movements to advance SRHR.

Many ideas were put forward to achieve this, including a regional partnership/alliance and setting up communication channels such as the listserv, which have already been agreed, national networks, and an NGO summit. There are already many opportunities ahead including the ASEAN People’s Forum, Women Deliver, Asia Pacific Population Conference and the many UNFPA global meetings on women and human rights. All of this will be considered in forming a Plan of Action and following up with country offices.

Closing Remarks by Kiran Bhatia, Regional Gender Advisor, Asia and the Pacific Regional Office, UNFPA

Kiran Bhatia thanked ARROW on behalf of UNFPA for making the space available, and the participants for their frank conversations and range of ideas. Kwabena acknowledged the participants’ strong commitment, the quality of ideas and experience that had been shared and the strong sense of partnership in moving forward and building the new Asia-Pacific Partnership for SRHR and Sustainable Development.

The meeting concluded with Sivananthi thanking each and everyone including all the participants who had worked so hard in making the meeting a success and in coming up with concrete outcomes. ARROW would be in touch with each one on the follow-up work. In remembering the words of Dame Carol Kidu, she said, in the coming months and years we would have paddle in the same direction to achieve our common goals and aspirations.
Outcomes Of The Regional Meetings

The extensive discussions and conversations at the two meetings led to concrete outcomes including a call to action that is aimed at the governments in the region urging them to prioritize SRHR to realistically address the grave issues in the region; a regional action plan for advocacy in the lead up to the ICPD global review in 2014 and lastly, a partnership was formed to bring our knowledge, experiences, efforts and spirits together for coordinated and persistent efforts in prioritizing women, young people, other vulnerable and marginalized groups and ensure their sexual and reproductive health and rights are protected in the next development framework beyond 2014.
Outcome 1:

KUALA LUMPUR CALL TO ACTION
Asian and the Pacific NGOs Call for Sexual and Reproductive Health and Rights for Sustainable Development

3rd May 2012; Kuala Lumpur, Malaysia

Who We Are

We, 121 cross-generation activists, advocates, and representatives of NGOs from diverse social movements from 27 countries in Asia and the Pacific, have gathered in Kuala Lumpur, Malaysia to revitalise the sexual and reproductive health and rights (SRHR) agenda for sustainable development in the region, drawing from the commitments made in the Programme of Action of the International Conference on Population and Development (ICPD PoA) and the Millennium Development Goals (MDGs).

As we face a world in multiple crises, we call for the inclusion and prioritisation of women and young people’s SRHR in new development frameworks that take stock of current consensus documents and move beyond them to fully achieve our human rights.

Why This Call?

Asia and the Pacific, where we live and work, is a diverse region of inequalities and paradoxes, ranging from small island states to populous sub-continents. Home to 61.3 percent of the world’s people, as well as 60.4 percent of all women and 62.6 percent of youth, the region has two-thirds of the world’s poor, 62.5 percent of the world’s hungry, and 42 percent of maternal deaths with as high as 27 percent of these maternal deaths resulting from unsafe abortions. Even as many countries in the region are becoming classified as middle-income countries and thereby no longer a priority for aid, drastic inequality and inequity remain. Despite great need and demand, in 2010 alone, the funding gap in the region for SRHR was US$6.73 billion.

While there have been some important gains, almost 20 years after ICPD and the Beijing Platform for Action, we continue to face challenges in the region, such as lack of SRHR services resulting in maternal mortality and morbidity, women’s anaemia and malnutrition, and lack of access to contraception and family-planning, as well as early age of marriage and pregnancy. Lack of access to comprehensive sexuality education, and rights-based information and services for vulnerable groups is a concern across the region.

Women and young people who are poor, have limited formal education, live in remote and/or rural areas, from tribal groups, from ethnic minorities, from lower castes, are LGBTQI people, are displaced, migrants or refugees, are in sex work or live with disabilities, face greater difficulties in accessing comprehensive sexuality education and services, and making decisions about their own bodies. Policymaking and programme development relegate sexuality to reproductive functions, and shifting the paradigm to an affirmative sexuality framework is a challenge.

These include the lack of focus on sexual pleasure; the lack of access to comprehensive sexuality education; the lack of recognition of the concepts of marital rape, sexual harassment, sex-work, and the sexual and reproductive rights of people of diverse sexual orientations and gender identities.

Various forces impede the SRHR agenda globally and regionally. The ICPD PoA has become sidelined in the development agenda, and the concept of SRHR has been narrowed down. The language of rights and development has become appropriated by forces that push for political, religious, and neoliberal/market fundamentalist agendas.

Challenges include the return of population control discourses, imposition of regressive aid conditionalities, market-based approaches to health and food provision, aggressive trade policies that hinder access to health services and healthy food systems and food security, disasters, militarism, conflict, climate change, religious fundamentalism, as well as the food, fuel, and finance crises.
Our Call

We call on our governments, international organisations, including UN agencies, development partners, and other duty bearers to take the following actions:

1. **Recognise that gender equality, equity, and sexual and reproductive rights are central and integral to sustainable development.** Achieving sexual and reproductive rights must be placed within a broader frame that includes fulfilling basic rights to education, health, food, nutrition, housing, livelihood, political participation, and freedom of expression; addressing various inequities and inequalities, including between and within nations, communities and families; and achieving social justice.

2. **In reshaping the international political and development agenda beyond the ICPD PoA and MDGs, ensure a comprehensive and holistic SRHR agenda.** Such an agenda should include abortion rights, adolescents and young people’s sexuality, affirmative sexuality, including the right to seek pleasure and other sexual rights.

3. **Review, amend, and implement laws and policies to address the needs and realities of women, young people, and LGBTQI persons, and to uphold human rights, including sexual and reproductive rights.** This includes amending laws and policies that deny access to SRHR information and services, such as those that require parental or husband’s consent, as well as those that criminalise abortion, HIV transmission, sex work, diverse sexual orientation and gender identities. Affirming laws that uphold the human rights of sexual and gender non-conforming persons should be enacted and implemented. Laws to address human rights violations, including gender-based violence, early marriage, early childbirth, homophobia and transphobia, and discrimination against people living with disability, need to be drafted and implemented. At the minimum, laws and policies need to be underpinned by international human rights law, and affirm sexual and reproductive rights.

4. **Ensure that accountability mechanisms are in place and adhere to the highest standards of transparency in order to monitor progress in achieving SRHR, social equality and equity, and universal access for all.** Regional inter-governmental bodies of ASEAN, Pacific Islands Forum, and SAARC should promote the institutionalisation of these mechanisms.

5. **Fulfil the right to universal access to a continuum of quality care and comprehensive sexual and reproductive health services, supplies, and information, through all levels of healthcare and public provisioning.** This would include provision of the full range of contraceptives (including emergency contraception), services to ensure maternal health and nutrition, emergency and comprehensive obstetric and postnatal care services, interventions for maternal morbidities including uterine prolapse, services for safe abortion and management of abortion complications, infertility treatment, access to medication and treatment for STI and HIV and reproductive cancers, and appropriate referral systems. Services and programmes for SRHR, HIV, and gender-based violence need to be interlinked, and disability-friendly, and available even in times of conflict, disasters, migration, and displacement.

6. **Provide universal comprehensive sexuality education (CSE) in formal and non-formal education systems, as well as in out-of-school and workplace settings, which is age-appropriate, gender-sensitive, disability-friendly, evidence-based, context-specific, and acknowledges the evolving capacities of young people. Provide youth-friendly health services that are confidential, non-judgmental, and non-discriminatory, to enable young people to make informed choices free from sexual violence, coercion, unintended pregnancies, sexually transmitted infections, including HIV. Programmes need to be based on a human rights framework, including the right to be free from discrimination, coercion, and violence, as well on the principles of bodily integrity, dignity, equality, and respect for diversity as part of affirmative sexuality. We acknowledge the successful outcomes of the 45th session of the UN Commission on Population and Development in this regard.**

7. **Conduct and support ethical, gender-sensitive research that provides the evidence for**
policymaking and programming related to SRHR and its linkages with other issues. Data should be disaggregated according to age, sex, and other socio-economic indicators. Implement civil registration and vital statistics systems, conduct regular health surveys and studies and make information and analysis accessible to the public. Address significant data gaps in monitoring and reporting on ICPD PoA and MDGs. In the forthcoming review and reporting processes, meaningfully engage NGOs and progressive social movements, and recognise the validity of qualitative studies, case studies, and experiences from the field as evidence.

8. Unequivocally endorse, sustain and scale up domestic resources and official development aid (ODA) for the implementation of comprehensive SRHR interventions in the region. Increase domestic resources and national health spending, including on SRHR. Commit to and implement rights-based approaches to poverty reduction that are interlinked with health strategies, as long-term investments. Address financial, supply and demand side barriers to universal access to SRHR, including by implementing an efficient tax-revenue-based funding that aims at universal access, not only coverage. Developed countries, including in this region, must meet their ODA target commitments of 0.7 percent of gross national income (GNI). Bilateral and emerging donors should be encouraged to channel more funds to SRHR. The ODA to Asia and the Pacific must be increased to match needs; and the share for the health sector and SRHR must also be increased. The total allocations needed for SRHR in the Asia and the Pacific is US$25 billion by 2015.

9. Address the impact of religious extremism on SRHR for women, young people, LGBTQI persons and other vulnerable groups, including by removing legal and policy barriers based in political and cultural conservatism. Harness all forms of media, including social media, to promote the empowerment of women and respect for human rights.

10. Address the increased vulnerabilities of women and young people due to migration, climate change, disasters, conflict and displacement, and adopt concrete measures to mitigate their impacts, including on SRHR. Addressing SRHR among communities affected by these vulnerabilities requires eliminating disparities in accessing resources and SRHR services. Comprehensive SRHR responses must be integrated in existing programmes and services for migrants and displaced people. Women’s bodies should not be the vehicle for climate change solutions, but concern for the impact of climate change on women should prompt effective as well as rights-respecting efforts. Climate change particularly affects small island states and disaster-prone areas of the region, which disproportionately impacts women and other vulnerable groups. These complex problems should be addressed using a gendered, intersectional approach, situating sexuality and rights concerns within macroeconomic, environmental, and livelihood issues.

11. Abolish global and regional trade and financial policies that perpetuate food insecurity, malnutrition and interlinked SRHR concerns. Recognise that food security and nutrition greatly impact SRHR, particularly of women, young people and other vulnerable groups. In times of food insecurity, women bear the greater burden of work in meeting the gap of nutrition for the household, often leading to dangerous work, unsafe food sources and malnourishment of women and girls. Inequalities along the global food chain greatly exacerbate these vulnerabilities. Local food supply chains, particularly the role of women producers, should be supported. Unfair trade policies also affect access to lifesaving medicines and must be abolished.

12. Meaningfully engage NGOs and progressive social movements from the global South, particularly women-led and youth-led groups, as equal partners in development at all levels, and ensure an enabling environment for their work. Involve them in international development agenda-setting, implementation, and review processes.

Our Principles

We believe in the principles of bodily integrity, personhood, respect for diversity, and equality. All people are equal, regardless of their age, marital
status, sex, gender and gender identity, sexual orientation, economic status and livelihood, citizenship status, race, caste, ethnicity and religion, social and political opinions, geographical location, disability status, and HIV status, amongst other social factors.

We believe that all people have the right to sexual well-being, and to live lives free from discrimination, fear, coercion, violence, and sexual and reproductive ill-health. Women and youth have the right to be able to decide on reproductive matters, including avoiding unplanned, unwanted pregnancy by having access to contraception and to safe abortion services. Everyone has the right to comprehensive education and information on sexuality, sexual and reproductive health, and the right to high-quality, accessible, gender-sensitive, youth-friendly and non-judgmental comprehensive SRHR services.

We believe that sustainable development cannot be achieved without sexual and reproductive rights, and without addressing inequity, inequality and social injustice within and between countries, related to gender and class, amongst others. Additionally, sexual and reproductive rights are vital to achieving health, well-being, and gender equality.

We believe that SRHR is closely intertwined with HIV and AIDS and gender-based violence. SRHR is interlinked with other development issues, including poverty, food security and nutrition, education, labour, migration, democracy struggles, conflict, climate change, and the environment.

To support this Call, volunteer to translate it in your language, or get print copies for distribution, please get in touch with any of the following ARROW staff: Maria Melinda (Malyn) Ando (malyn@arrow.org.my), Rachel Arinii Judhistari (rachel@arrow.org.my) and Suloshini (Sulo) Jahanath (sulo@arrow.org.my). Or access it online: www.arrow.org.my/APNGOs/KL_Call_to_Action.pdf.
Outcome 2:

Kuala Lumpur Plan of Action
To accelerate the achievement of SRHR in Asia-Pacific

Participants from 27 countries across the region sat together, discussed the key issues facing the region, and looked at the key opportunities that may arise in the next few years with the upcoming review processes for ICPD, MDGs, and the Beijing Platform for Action, and put together sub-regional plans of action which then were included into this regional plan of action.

Key Issues

Key issues that emerged in the sub-regional discussions were the need to build the momentum for SRHR in a world where the MDGs is the governing paradigm for development and that comprehensive agenda of the ICPD, especially in the key area of sexual and reproductive rights, has been ignored. Additionally, the aggregated overall reporting figures continue to mask inequalities and inequities between and within countries. Gender inequality and inequity remains a critical issue despite educational attainments.

Universal access to comprehensive quality SRH services, supplies, and information for all, continues to be a challenge. More specifically, there is a lack of services for the prevention, screening and treatment of all forms of reproductive cancers; a lack of comprehensive sexuality education and youth-friendly services; and access to safe abortion services. The recognition that sexuality is diverse and that there is a life-cycle of sexuality in addition to a life-cycle of reproduction is an emerging paradigm. Migration and climate change bring new challenges to the SRHR field, while perennial issues such as gender-based violence continue to persist.

A renewed cultural-religious rights framework continues to impede the achievement of SRHR of all people. Meaningful engagement and leadership of NGOs and progressive social movements from the global south as equal partners in development, particularly women-led and youth-led groups, is seen as a critical working methodology that lacks attention and investment.

It is essential to also engage with the macroeconomic framework in order to create a more just, equal and equitable world where every human being enjoys his/her full SRHR.

Actions

A broad range of actions from macro-level interventions to interventions at the global, regional, and national levels were discussed.

Macro-level Interventions

- Create visibility of the issue; demand creation
- Look at new spaces and create new spaces that are not UN-driven
- Creating a research agenda for the lesser explored issues
- Cross movement work to expand the SRHR agenda
- Use of media for visibility of our issues
- Do our homework with regards: who is with us/against us across all stakeholders

Global Interventions

- Participation at the hi-level fora
- Participation in global meeting venues
- Monitoring of private-public partnerships and the impact of privatisation of health on the achievement of universal access to SRHR
- Work with special rapporteurs on Health, Cultural Rights, VAW etc.
- Organise side events during key global events
- Women and young people from global south to lead global processes

Regional Interventions

- The creation of a regional advocacy campaign and regional advocacy materials
- Regional and sub-regional advocacy capacity building workshops
- Sharing of resources and capacities across organisations across the region
- Identification of events to participate and intervene in
Advocacy dialogues with regional stakeholders on a proactive basis
Create a regional/sub-regional list-serv in the lead-up to 2014/2015
Have a sub-regional meeting to build coherence on sub-regional issues
Organise side events at regional processes

National Processes
Create national level network of NGOs to facilitate and push the ICPD agenda, with perhaps the formation of a national level steering committee
National level advocacy during key days and events
National dialogues with governments on the issues/educating new leaders in government on SRHR and the ICPD
Documentation of good/effective advocacy practices
Create an NGO summit at the national level to build the momentum for SRHR
Meet, connect, and link with UNFPA at the national level
Create and sustain national level momentum

Opportunities
Some of the key advocacy opportunities in the next 3 years (2014/2015) include:
1. ASEAN People’s Forum
2. Global Parliamentarians meeting (2012; Istanbul)
3. VAW meeting (2012; Sri Lanka)
4. APCRSHR (2014; Manila)
5. Youth Global Forum (December 2012; Bali)
7. Rio + 20 (June 2012)
8. SEAHRN (Oct 2012; Jakarta)
9. ESCAP Regional Review (June-Sept 2013)
10. Women Deliver Conference (May 2013; Kuala Lumpur)
11. CPD (April 2013/April 2014)
12. UNGASS on ICPD
13. CSW (March 2013/March 2014)
14. ASEAN &SAARC interventions
15. PIC interventions: health ministers meeting
16. Global HR meeting of UNFPA (Netherlands)
17. Global Women’s Health meeting of UNFPA
18. MDG Global processes
19. World Conference on Women
Outcome 3:

Kuala Lumpur
Plan of Action
Asia-Pacific Partnership For SRHR
And Sustainable Development

Concept Note

Introduction

By 2014, the landmark international agreement document of the Cairo Programme of Action (ICPD PoA) will reach specific time-bound goals, and similarly, in 2015, we will reach the target date for achieving the Millennium Development Goals (MDGs). These conferences and time-bound goals have been significant in placing women’s sexual and reproductive rights in the global development agenda. However, a number of reasons have contributed to the reversing of the accomplishments over the years.

These include limited funding resources and competing agenda, lack of leadership, shift in government commitments and responsibilities in providing health care, and the growing opposition groups to sexual and reproductive rights. In addition, persistent development issues such as poverty, food security and nutrition, access to sexual and reproductive health; and emerging issues such as climate change, increasing displacement and migration, and the aforementioned rising religious extremism threaten to further derail progress.

This year is also critical as at the Earth Summit (Rio+20) the global development agenda and a plan for sustainable development for the future will be deliberated and drawn up. In the lead up to 2014-2015, it is critical that civil society and the people from the Asia-Pacific region are able to articulate their demands, and to ensure that upcoming development agendas of governments, inter-governmental organisations and donors are in tandem with the needs, realities and experiences of the Asia-Pacific region. There is also a need to redefine the development agenda in the wake of current global challenges and to mitigate the risk of losing the gains that governments have committed to in the ICPD Programme of Action.

The Beyond ICPD & MDGs: NGOs Strategising for SRHR in the Asia-Pacific Region meeting was organised with the objective of strategising and defining a comprehensive SRHR agenda for the region within the new development framework. It will bring together close to 100 activists, academics, researchers, development practitioners, parliamentarians, and donors/development partners from over 25 countries in the region and globally.

The participants will discuss critical SRHR issues that are inter-linked to broader developmental as well as region-specific pertinent issues of Universal Access to Sexual and Reproductive Health, Poverty, Climate Change, Displacements and Migration, Food Security and Religious Extremism. The meeting came up with key recommendations and advocacy strategies for prioritising SRHR in the new development framework post-ICPD and MDGs.

Why a SRHR and Sustainable Development Partnership?

To ensure the action-oriented follow-up of the meeting, ARROW proposes the formation of a regional coalition/partnership, of the participating organisations. This partnership/coalition functions in order to keep the momentum going up to and beyond the ICPD and MDGs.

The rationale to form a partnership comes from the basic belief that:

- Building a coalition of individuals and organisations within and across movements will strengthens not only the SRHR movement and agenda from within but other movements as well, such as Youth, HIV/AIDS, VAW, Environment, Population, Economic and Trade to name a few
- SRHR is an integral part of comprehensive health, and human rights and is linked to all other development issues and therefore it should be integrated into every aspect of the development agenda
- Health outcomes are determined by social conditions in which people
are born, grow, live, work and age, including the health system, and therefore the social determinants of health are important issues that need to be incorporated fully into the development agenda.

▶ Young people constitute 60% of the world population, and are critical in taking the development agenda forward, yet are not fully engaged or solicited in shaping the development agenda.

▶ Advocacy and shaping of policies around SRHR should be based on evidence from the ground in the region, that reflect the lived realities of people.

▶ A collective approach to lobbying and advocacy can step-up the pressure on policy makers and governments to be accountable and deliver on the commitments made.

▶ The perspective, needs and experiences of the region need to be taken into the global processes and to influence the setting of the global development agenda.

▶ An emphasis on human rights is needed to ensure that the most marginalised and vulnerable groups’ needs and rights are addressed in policy and programme development and implementation.

For all these reasons, ARROW believes that a strong coalition/partnership needs to be formed among organisations and individuals in this region as well as the global South, committed to securing the SRHR needs and rights of all women, especially for the marginalised and socially excluded on the basis of age, ability, gender, socio-economic and political conditions, and geographic location; and that SRHR is an integral part of sustainable development.

**Proposed Principles that the Partnership will Uphold**

These are: equity, equality and justice; human rights and women’s rights; respect for diversity; meaningful participation; transparency and accountability.

**How will the Partnership Work?**

**Membership:** All organisations and individuals committed to the goals of attaining SRHR for all and the core principles are invited to be members of the coalition/partnership. Individual and organisational allies will be asked to sign up to be part of the coalition.

**Working Modality:** The operations of the coalition/partnership will be managed by a Secretariat. This will be on a rotational basis, with each term being three years.

**Decision-Making:** Based on the core principles, the decision-making will happen through an open process. An electronic list will be set up to enable communication and all decision-making will be done through a transparent policy, where every coalition member has the opportunity to fully participate in the decision-making.

Please send your responses and feedback to:
Nalini Singh: nalini@arrow.org.my
Annex

Annex 1

Concept Note of the Regional Meetings

Introduction and Background

The coming three years are critical to the Sexual and Reproductive Health and Rights (SRHR) agenda. In three years, by 2015, the target date for achieving the Millennium Development Goals (MDGs) will have been reached. At the same time, the Beijing Platform of Action developed at the Fourth World Conference on Women and the Cairo Programme of Action, developed at the International Conference on Population and Development (ICPD) will have reached their tenure.

In 2010, the MDGs reached their 10 year turning point, but progress towards MDG5 has been unacceptably slow. The main reason is that target 5b: “Universal access to reproductive health”—a critical intervention to reduce maternal deaths—was only adopted 5 years on, and its relevant indicators were ascribed only in 2007. This meant that the SRHR agenda ‘lost’ 7 years of political prioritisation by both national governments and international donors. Additionally, hostility to several dimensions of the SRHR agenda has grown throughout the Asia-Pacific region and at the international policy-making arenas, thereby reducing political and financial commitment to the issue.

The MDGs were a strategic call in the year 2000 that rallied the international community behind common goals and a common vision. However, the current global scenario demands a more holistic and critical take on the development agenda. There is a need to develop a forward-looking vision and a clearly delineated and clearly articulated agenda with regards to the new development framework which will emerge in 2015.

This regional SRHR agenda needs to take stock of current realities and anticipated future trends in the Asia-Pacific region. Some of the key current trends are enumerated below:

- Climate change, which will affect the region’s poor disproportionately;
- Global economic, financial, and food crises, which will impact sexual and reproductive health (SRH) achievements especially for the region’s poor and the region’s least developed countries disproportionately;
- Migration trends, which highlight new SRH service needs as well as new definitions of ‘couples’;
- New aid architecture and financial and health sector reforms underway in the region, which impact SRH service provision;
- Human rights approaches and mechanisms, which support access to health services and SRHR;
- New and emerging challenges such as disaster, conflict, and fragile states;
- Continuing challenges in age-old SRHR issues such as maternal mortality and access to contraception and family-planning, which continue to hamper the region’s SRHR achievements and progress;
- Rising religious conservatism (negatively impacting the women’s SRHR) and the concertisation of the power of religious conservatives within the state;
- Inter-sectionalities of individual identities which exacerbate social and health inequities;
- Regionalisation of the UN which will see regional forums and regional meetings as a critical advocacy space to further the SRHR agenda.

There is also an urgent need to revitalise the role of NGOs, nationally, regionally, and globally, within the development community:

As development partners:
- To monitor and hold governments accountable to their national and international commitments;
- To continue advocating for (a) issues that are either new and innovative (such as sexuality rights) or necessary but perceived as contentious (culture/country specific gender inequality issues such as child marriage; and (b) access to comprehensive sex and sexuality education and access to safe abortion services) to help improve MDG5 outcomes.

This meeting will bring together a broad array of academics, activists, policymakers, donors, and civil society representatives across the broad spectrum of SRHR issues and different movements: human rights, migration, environment and climate change, poverty, women’s rights,
progressive, faith-based, and sexuality organisations.
The meeting will bring together participants across 23 countries in Asia and the Pacific (South Asia: India, Bangladesh, Nepal, Pakistan, Bhutan, Maldives, Sri Lanka, and Afghanistan; Southeast Asia: Malaysia, Indonesia, East Timor, the Philippines, Thailand, Vietnam, Lao PDR, Burma, and Cambodia; East Asia: China; Central Asia: Iran; Pacific: Fiji, Kiribati, Papua New Guinea, and Samoa) to ensure that the agenda developed is grounded in reality.

Objectives

The meeting on “Beyond ICPD and the MDGs: NGOs strategising for sexual and reproductive health and rights in the Asia-Pacific region” aims to:

i. Ensure the Asia-Pacific SRHR agenda and its interlinkages with other development issues are clearly defined in order to inform the ICPD+20 and the post-MDG development framework ensuring that the region is a priority for development investment.

ii. Develop recommendations to inform policies and programs of the Asia-Pacific agenda.

iii. Bring together key organisations, networks, governmental and inter-governmental bodies, and individuals to form an alliance/coalition which will revitalise the agenda and will be able to place SRHR within the development and funding framework regionally and internationally.

iv. To share ICPD and Beyond 2014 Global Survey processes with the NGO stakeholders.

Participants

The meeting will involve participants from all identified 23 countries in the region. It will also bring expert paper writers, discussants, reviewers, rapporteurs, and moderators to facilitate and provide input into the meeting processes.

Outputs expected

This meeting will define and discuss the comprehensive SRHR agenda of the Asia-Pacific region and will chart the avenues for advocacy and effective engagement for NGOs. The meeting will also equip NGOs with necessary advocacy skills to facilitate their active engagement in all processes leading up to defining the development agenda post 2014-2015. The presentations on the thematic papers, the inputs from the discussants, and the recommendations, discussions and deliberations arising from the meetings will inform the post ICPD+20 development agenda.

1. This happened despite governments and NGOs welcoming the landmark 1994 Programme of Action (PoA) of the ICPD with its progressive, rights-based stance. The assumption was that the SRHR community would only grow from strength to strength from that juncture. Sixteen years later, there is a need to recognise that the implementation of the ICPD PoA has been chequered.

2. Climate change will affect almost all of the Pacific countries and many of the Asian countries with large populations such as Bangladesh, Thailand, and Indonesia.

3. It is estimated that two-thirds of the world’s extreme poor live in the Asia-Pacific region.

4. With over 50% of the total world disasters, the Asia and Pacific Islands region represents the widest and most disaster prone continent in the world.

5. With over 50% of the total world disasters, the Asia and Pacific Islands region represents the widest and most disaster prone continent in the world.
Annex 2

Agenda

Beyond ICPD and the MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific region

2 May 2012
Kuala Lumpur, Malaysia

8:00 am – 9:30 am | Registration
Step 1: attendance and collection of meeting package
Step 2: sign-up for World Café Sessions

9:30 am – 10.15 am | Welcome Note
Ms. Sivananthi Thanenthiran, Executive Director, ARROW
Ms. Eva Schoening, Project Advisor, Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, GIZ

Keynote Speech
Dr. Dina M. Siddiqi, Visiting Associate Professor at Hunter College, U.S.A

10:15 am – 10:30 am | Moderator’s Note
Professor Datin Dr. Rashidah Shuib, Director, Women`s Development Centre (KANITA), University Sains Malaysia

10.30 am – 11.00 am | Tea Break

11.00 am – 11.30 am | Plenary 1
Universal Access to Sexual and Reproductive Health and Rights of women and young people in the Asia-Pacific Region
Presented by: Dr. Subha Sri, Clinic Director, RUWSEC, India
Thematic paper written by: Dr. Sundari Ravindran, Professor of Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute For Medical Sciences & Technology

11.30 am - 12.00 pm | Plenary 2
Poverty and Sexual and Reproductive Health and its impact on SRHR of women and young people in the Asia-Pacific region
Presented by: Dr. Manju Nair, Faculty Member, Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute For Medical Sciences & Technology
Thematic paper written by: Dr. Manju Nair

12.00 pm - 12.30 pm | Plenary 3
Food Security and Nutrition and its impact on SRHR of women and young people in the Asia-Pacific region
Presented by: Dr. Marilen Danguilan, Senior Advisor, Social Protection, UN World Food Programme
Thematic paper written by: Dr. Marilen Danguilan
12.30 pm – 12.50 pm | Q & A session
Professor Datin Dr. Rashidah Shuib, Director, Women’s Development Centre (KANITA), University Sains Malaysia

12.50pm – 1.00pm | Programme Note
World Café Sessions

1.00 pm – 2.00 pm | Lunch

2.00 pm - 4.00 pm | Simultaneous World Café Sessions
Group 1: Universal Access to Sexual and Reproductive Health and Rights of women and young people in the Asia-Pacific Region

Discussants for Group 1:
Dr. Sylvia “Guy” Estrada Claudio, Director of the University of the Philippines Centre for Women’s Studies & Professor of the Department of Women and Development Studies, College of Social Work and Community Development, University of the Philippines
Ms. Sunita Kujur, Director, Feminist Leadership & Movement, CREA

Group 2: Poverty and Sexual and Reproductive Health and its impact on SRHR of women and young people in the Asia-Pacific region

Discussants for Group 2:
Ms. Rokeya Kabir, Member of the South Asia Alliance for Poverty Eradication (SAAPE
Prof. Nathalie A. Verceles, Board of Trustees, Likhaan and Professor at the University of the Philippines Department of Social Work and Community Development

Group 3: Food Security and Nutrition and its impact on SRHR of women and young people in the Asia-Pacific region

Discussants for Group 3:
Dr. Narimah Awin, Regional Advisor Making Pregnancy Safer and Reproductive Health (MRH), WHO SEARO
Ms. Sivananthi Thanenthiran, Executive Director, ARROW

4.00 pm - 4.30 pm | Tea Break

4.30 pm - 5.00 pm | Reporting back
Presentation of discussions/recommendations from World Café sessions
Meeting Rapporteurs:
Ms. Rishita Nandagiri, Youth Representative
Ms. Anita Chávez-Berry, Independent Consultant
Dr. Gill Greer, Independent Consultant

5.00 pm – 5.30 pm | Wrap-up of the first day of the discussions
Professor Datin Dr. Rashidah Shuib, Director, Women’s Development Centre (KANITA), University Sains Malaysia

6.30 pm | Welcome Dinner
At the Islamic Arts Museum of Malaysia and Launch of the ICPD+15 Series Reports
Beyond ICPD and the MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific region

3 May 2012
Kuala Lumpur, Malaysia

8:30 am – 9:00 am | Registration for second round of World Café sessions

9.00 am – 9.15 am | Reflections from Day One
Professor Datin Dr. Rashidah Shuib, Director, Women`s Development Centre (KANITA), University Sains Malaysia

9.15 am - 9.45 am | Plenary 4
Climate Change and its impact on SRHR of women and young people in the Asia-Pacific region
Presented by: Ms. Ambika Varma on behalf of Dr. Jael Silliman, Independent Consultant, formerly Program Officer for Women’s Rights & Gender Equity in the Human Rights Unit, Peace and Social Justice Program of the Ford Foundation
Thematic paper written by: Dr. Jael Silliman

9.45 am – 10.15 am | Plenary 5
Migration/Displacement and its impact on SRHR of women and young people in the Asia-Pacific region
Presented by: Ms. Maria Lourdes Marin, Executive Director of Action for Health Initiatives (ACHIEVE)
Thematic paper written by: Ms. Maria Lourdes Marin

10.15 am – 10.45 am | Tea Break

10.45 am - 11.15 am | Plenary 6
Religious Extremism and its impact on SRHR of women and young people in the Asia-Pacific region
Presented by: Ms. Ratna Osman, Executive Director, Sisters in Islam, Malaysia
Thematic paper written by: Ms. Ratna Osman

11.15 am - 1.15 pm | Simultaneous World Café Sessions
Group 4: Migration/Displacement and its impact on SRHR of women and young people in the Asia-Pacific region
Discussants for Group 4:
Dr. Muhadjir Darwin, Professor. Center for Population and Policy Studies Gadjah Mada University, Indonesia
Ms. Nartrapee Wongseangchundr, Senior Programme Officer, Department of Program Quality Development, Raks Thai Foundation, Thailand
Group 5: Climate Change and its impact on SRHR of women and young people in the Asia-Pacific region
Discussants for Group 5:
Ms. Avelina Rokoduru, Research Coordinator Pacific Sexual & Reproductive Health Research Centre (PacS-RHRC), College of Medicine, Nursing & Health Sciences, Fiji National University, Suva
Dr. Anna Whelan, Independent Consultant

Group 6: Religious Extremism and its impact on SRHR of women and young people in the Asia-Pacific region
Discussants for Group 6:
Ms. Dina M. Siddiqi, Visiting Associate Professor, Hunter College, U.S.A
Ms. Magdalena Lopez, Senior Advisor – International Program, Catholics for Choice

1.15 pm – 2.15 pm | Lunch

2.15 pm - 2.45 pm | Reporting back
Presentation of discussions/recommendations from World Café sessions
Meeting Rapporteurs:
Ms. Rishita Nandagiri, Youth Representative
Ms. Anita Chávez-Berry, Independent Consultant
Dr. Gill Greer, Independent Consultant

2.45 pm – 3.00 pm | Video Screening
Islamic perspectives on Contraception and Abortion
ARROW

3.00 pm - 3.30 pm | Tea Break

3.30 pm - 4.30 pm | Discussion on the Way Forward
Professor Datin Dr. Rashidah Shuib (Director, Women’s Development Centre (KANITA), University Sains Malaysia)
Ms. Nalini Singh, Programme Manager, Advocacy and Capacity Building, ARROW

4.30 pm – 4.45 pm | KL Call to Action
Nida Mushtaq, Programme Officer, ICPD Review, ARROW

4.45 pm - 5.00 pm | Closing Address
Dame Carol Kidu, Member of Parliament, Papua New Guinea

5.00 pm – 5.15 pm | Closing remarks
Ms. Sivananthi Thanenthiran, Executive Director, ARROW
Opportunities for NGOs at National, Regional, and International levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement

4 May 2012
Kuala Lumpur, Malaysia

8.30 am – 8.45 am | Registration

8.45 am – 9.00 am | Opening Remarks
Kiran Bhatia, Gender Advisor, Asia and the Pacific Regional Office, UNFPA

9.00 am – 10.00 am | Briefing on the ICPD beyond 2014 process
Kwabena Osei-Danquah, Executive Coordinator, ICPD Beyond 2014 Secretariat, UNFPA

10.00 am – 10.30 am | Engaging Civil Society and youth in the ICPD beyond 2014 process Noemi Espinoza, Civil Society Partnerships Specialist, ICPD Beyond 2014 Secretariat, UNFPA

10.30 am – 11.00 am | Tea Break

11.00 am – 12.45 pm | Dialogue between UNFPA Civil Society and Youth on ICPD beyond 2014 process
Moderator:
Professor Datin Dr. Rashidah Shuib, Director, Women`s Development Centre (KANITA), University Sains Malaysia.

Panellists:
Ms. Kiran Bhatia, Gender Advisor, Asia and the Pacific Regional Office, UNFPA
Mr. Kwabena Osei-Danquah, Executive Coordinator, ICPD Beyond 2014 Secretariat, UNFPA
Ms. Galanne Deressa, Deputy Director, Asia and the Pacific Regional Office, UNFPA
Ms. Noemi Espinoza, Civil Society Partnerships Specialist, ICPD Beyond 2014 Secretariat, UNFPA
Ms. Maren Andrea Jimenez, Chief, Social Policy and Population Section, UNESCAP

12.45 pm – 2.00 pm | Lunch & Friday Prayers

2.00 pm – 2.15 pm | Briefing on the Working Group session

2.15 pm – 3.45 pm | Sub-regional Working Group session:
NGOs breaking up into sub-regional groups to develop action plans for advocacy in the lead up to 2014
- South East Asia
- East and Central Asia
- South Asia
- The Pacific
Agenda
3 May 2012; Kuala Lumpur, Malaysia

3.45 pm – 4.00 pm | Tea Break

4.00 pm – 4.40 pm | Reporting back from the sub-regional groups
(10 mins presentation by each group)
Sub-regional group rapporteurs

4.40 pm – 5.00 pm | Way Forward – regional Plan of Action for ICPD+20 Review
Professor Datin Dr. Rashidah Shuib, Director, Women’s Development Centre (KANITA), University Sains Malaysia.
Dr. Gill Greer, Independent Consultant, New Zealand
Rishita Nandagiri, Youth Officer, WGNRR
Sivananthi Thanenthiran, Executive Director, ARROW

5.00 pm – 5.30 pm | Closing Remarks
Kiran Bhatia, Gender Advisor, Asia and the Pacific Regional Office, UNFPA
Kwabena Osei-Danquah, Executive Coordinator, ICPD Beyond 2014 Secretariat, UNFPA
Sivananthi Thanenthiran, Executive Director, ARROW

5.30 pm – 6.30 pm | Evening Drinks
Annex 3

Youth Strategy Paper

As an ardent supporter and advocate of young women’s SRHR for almost two decades in the Asia-Pacific region, ARROW is committed to meaningfully involve young people in its landmark regional meeting on ‘Beyond ICPD and the MDGs’. ARROW has invited a number of youth organizations to participate in the meeting and have organized for their meaningful involvement throughout the meeting and its follow-up plans. There will be a total of 11 young people, representing 8 countries, leading the discussions related to young people at the meeting (Annex I: list of participants).

Below is an overview of how and in what capacity these young people will be engaged at the meeting:

Youth Strategizing Meeting
ARROW has organized for a one-day strategizing meeting for the youth representatives participating in the meeting. The meeting will be held a day prior to the regional meeting where our young participants will meet the presenters/speakers of the session, have a media briefing by our expert media consultant, input on the draft outcome statement of the meeting and also strategize to effectively involve in the thematic discussions at the meeting. This is all to ensure that the youth perspectives are incorporated at every step of the discussions at the meeting and they are reflected well in the outcome statements/documents of the meeting. (Annex II: Agenda of the Youth Strategizing Meeting)

Youth in the Thematic Sessions
Each of the six themes identified for discussions at the meeting clearly states young people as a priority group. These themes include:
1. Universal access to sexual and reproductive rights of women and young people in Asia-Pacific
2. Poverty and its impact on SRHR of women and young people in Asia-Pacific
3. Food security and nutrition and its impact on SRHR of women and young people in Asia-Pacific
4. Climate change and its impact on SRHR of women and young people in Asia-Pacific
5. Migration and displacement and its impact on SRHR of women and young people in Asia-Pacific
6. Religious extremisms and its impact on SRHR of women and young people in Asia-Pacific

ARROW has invited youth representatives with specific knowledge of the above-mentioned themes. The respective youth representatives will engage in the discussions on these themes. ARROW has prepared a resource pack including articles, blogs and book excerpts on relevant issues that will be distributed amongst the youth representatives beforehand (Annex III: Resource Pack List). The youth representatives will decide on allocation of themes at the strategizing meeting beforehand.

Youth as Rapporteur of the Meeting
ARROW has engaged Ms. Rishita Nandageri as the youth representative in the team of the Rapporteurs of the meeting. Ms. Rishita Nandageri will work closely with two other rapporteurs of the meeting to prepare an analytical report of the meeting involving discussions on the thematic sessions highlighting the youth perspective in all aspects of the meeting.

Youth in the regional ICPD+20 discussions
On the last day of the regional meeting i.e. May 4, 2012, ARROW and UNFPA will facilitate a dialogue amongst the NGOs on the Asia-Pacific regional chapter of the global ICPD operational review. One of the objectives of this meeting is to ensure that NGOs on ground are aware of the ICPD operational review in their respective countries and can engage with their governments and the coordinating UN agencies to input into the review process. The youth organizations participating in the meeting will be attached to their respective national partners with whom they will work further in the lead up to 2014/2015.

Youth as an important stakeholder of the regional Alliance
ARROW has proposed that the participating organizations at the meeting form a regional alliance to further the agenda/outcomes of the meeting and effectively represent the Asia-Pacific at the global SRHR agenda-setting avenues in the upcoming years. The youth organizations thus participating in the meeting will become important stakeholders in this alliance and will...
engage on regional-level with other like-minded organizations to promote youth SRHR in Asia-Pacific.

The concept note and the draft statement of the Alliance will be reviewed by the youth representatives at the strategizing meeting where we will already incorporate their feedback into it before presenting it to wider participants at the meeting.

This avenue will be utilized to advance the network’s strategy and mobilize young people in the region to further involve them in this regional network while we plan for regional interventions in the lead up to 2014/2015.

**Consultation for ARROW for Change (AFC) Youth Edition**

AFC is a peer-reviewed journal produced periodically by ARROW on emerging themes linked to women’s SRHR in the Asia-Pacific region. This year, ARROW will produce a special edition on young people’s SRHR. ARROW’s young staff will be in charge as guest editors of this edition of the AFC. The proposed theme is: ‘Positioning young people (especially young women/young feminists) for next development agenda.’

The issue will cover the trajectory of upcoming development agenda translated into, economic power and young women (which cover employment, access to resources, entrepreneurship, and poverty); young feminists at the ICPD review; as well as the role of rampant advancement for technology and social media for young people’s SRHR. ARROW will lead the consultation process with the youth representatives regarding the theme of this issue of AFC and to identify key contributors for articles for this issue.

**Solidarity Dinner**

ARROW has organized a solidarity dinner for our youth participants on May 1, 2012. This avenue will be utilized informally to enhance network building among the youth participant coming from diverse backgrounds and organizations in the region.
Annex 4
List of Participants

Asia

AFGHANISTAN
Dr. Shaqaieq Ashrafi Dost
National Programme Officer, MCH
Aga Khan Health Services

BANGLADESH
Mr. Md. Mohabubul Haque
Secretariat
People's Health Movement (PHM)

Ms. Nazmoon Nahar
Member
Doorbar Network

Ms. Rokeya Kabir
Member
South Asia Alliance for Poverty Eradication (SAAPE)

Ms. Samia Afrin
Programme Officer
Naripokkho

Ms. Shireen Huq
Executive Director
Naripokkho

BURMA
Ms. Naw She Wah
National Coordinator
Myanmar Positive Women’s Network

CAMBODIA
Dr. Ouk Vong Vathiny
Executive Director
Reproductive Health Association Cambodia (RHAC)

CHINA
Ms. Cai Yiping
Executive Committee member
Development Alternatives with Women for a New Era (DAWN)

Prof. Kaining Zhang
Director
Yunnan Health and Development Research Association (YHDRA)

INDIA
Ms. Disha Sethi
Programme Coordinator
The YP Foundation

Ms. Anjali Sen
Regional Director
International Planned Parenthood Federation South Asia region (IPPF SARO)

Ms. Indu Capoor
Director
Centre for Health Education, Training and Nutrition Awareness (CHETNA)

Ms. Jashodhara Dasgupta
Coordinator
SAHAYOG

Ms. Prabha Nagaraja
Director, Programmes
TARSHI (Talking About Reproductive and Sexual Health Issues)

Dr. Shilpa Shroff
Programme Assistant
Asia Safe Abortion Partnership (ASAP)

Dr. Subha Sri Balakrishnan
Clinic Director
Rural Women’s Social Education Centre (RUWSEC)

Dr. Manju Nair
Faculty Member
Achutha Menon Centre for Health Science Studies
Sree Chitra Tirunal Institute for Medical Sciences

Ms. Sunita Kujur
Director, Feminist Leadership & Movement CREA

Ms. Y.K. Sandhya
Programme Officer
SAHAYOG

INDONESIA
Dr. Aditiana Dewi Eridani
Director
RAHIMA

Ms. Atashedertani Habsjah
Vice Chairperson
International Planned Parenthood Association (IPPA)
Ms. Diana Pakasi  
Team Member  
Center of Gender and Sexuality Studies  
University of Indonesia

Prof. Dr. Muhadjir Darwin  
Gadjah Madja University

Dr. Ninuk Widyantoro  
Chair, Advisory Board  
Yayasan Kesehatan Perempuan (YKP)

Ms. Nur Hidayati Handayani  
National Coordinator  
Aliansi Remaja Independen (ARI)

Ms. Sri Kusyuniati  
Country Representative  
RutgersWPF

Ms. Yati Kaprawi  
Independent Documentary Film Maker

Ms. Khatija Mohd Bakti  
Administrative Assistant  
Reproductive Rights Advocacy Alliance Malaysia (RRAAM)

Ms. Kuek Yen Sim  
Head of Programme Services  
Federation of Health Association Malaysia (FRHAM)

Ms. Lim Hwei Mian  
Programme Officer  
International Council on Management of Population Programmes (ICOMP)

Miss. Manis Chen  
Drop In Coordinator, Sex Workers Programme  
PT Foundation

Ms. Maria Chin Abdullah  
Executive Director  
Menjana Kuasa Wanita (EMPOWER)

Ms. Rashidah Abdullah  
Co-chair  
Reproductive Rights Advocacy Alliance Malaysia (RRAAM)

Professor Datin Dr. Rashidah Shuib  
Director  
Women's Development Centre (KANITA)  
University Sains Malaysia

Ms. Ratna Osman  
Executive Director  
Sisters In Islam (SIS)

Ms. Rodelyn (RD) Marte  
Programme Manager, Community Advocacy Initiative  
Asia Pacific Council of AIDS Service Organizations (APCASO)

Dr. Wasim Zaman  
Executive Director  
International Council on Management of Population Programmes (ICOMP)

Mr. Abdul Hameed  
Assistant Executive Officer  
Society for Health Education (SHE)

Ms. Altanchimeg Badarch  
Network Coordinator  
Human Development, Reproductive Health and Rights NGO Network

Ms. Nomingerel Khuyag  
Young Women for Change NGO

Ms. Anjana Shakya  
Chairperson  
Beyond Beijing Committee (BBC)

Ms. Bidya Bhattarai  
Programme Officer  
Beyond Beijing Committee (BBC)

Ms. Binjwala Shrestha  
Member of the Board  
Safe Motherhood Network Federation
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position and Organization</th>
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<tbody>
<tr>
<td>Nepal</td>
<td>Mr. Pradip Pariyar</td>
<td>President, Association of Youth Organisations Nepal (AYON)</td>
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<td></td>
<td>Mr. Punya Bhandari</td>
<td>Programme Coordinator, Youth Action Nepal</td>
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<td></td>
<td>Mr. Sabin Shrestha</td>
<td>Executive Director, Forum for Women, Law &amp; Development</td>
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<td>Ms. Pushpa Lata Pandey</td>
<td>GFA Consulting Group/GIZ</td>
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<td>Pakistan</td>
<td>Ms. Khawar Mumtaz</td>
<td>Executive Director, Shirkat Gah Women’s Resource Centre</td>
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<td>Ms. Nabila Malick</td>
<td>Director Advocacy, Family Planning Association (FPA)</td>
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<td>Mr. Qadeer Baig</td>
<td>Country Representative, RutgersWPF</td>
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<td>Dr. Sikander Sohani</td>
<td>Director, Aahung</td>
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<td>Philippines</td>
<td>Ms. Magdalena Lopez</td>
<td>Senior Advisor, International Program, Catholics for Choice</td>
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<td></td>
<td>Ms. Marevic Parcon</td>
<td>Asia Programme Officer, Women’s Global Network for Reproductive Rights (WGNRR)</td>
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<td>Ms. Mina Tenorio</td>
<td>Programme Manager, Likhaan Centre for Women’s Health</td>
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<td>Dr. Eden R. Divinagracia</td>
<td>Executive Director, Philippines NGO Council on Population, Health and Welfare</td>
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<td>Professor Dr. Elizabeth Pangalangan</td>
<td>Executive Director, The Reproductive Health, Rights, and Ethics Center for Studies and Training (ReproCen)</td>
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<td></td>
<td>Ms. Lalaine Viado</td>
<td>Cairo+20 Advocacy Associate, Development Alternatives with Women for a New Era (DAWN)</td>
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<td>Ms. Maria Lourdes Marin “Malu”</td>
<td>Executive Director, Action for Health Initiatives</td>
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<tr>
<td></td>
<td>Dr. Maria Belen Jesusa J. Danguilan (Marilen)</td>
<td>Senior Advisor, Social Protection, UN World Food Programme</td>
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<td>Prof. Nathalie A. Verceles</td>
<td>Dept. of Social Work and Community Development, University of the Philippines</td>
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<td>Ms. Rishita Nandagiri</td>
<td>Communications and Youth Affairs Officer, Women’s Global Network for Reproductive Rights (WGNRR)</td>
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<tr>
<td>Singapore</td>
<td>Ms. Anita Chavez</td>
<td>Independent Consultant, GIZ – (Deutsche Gesellschaft für Internationale Zusammenarbeit)</td>
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<td>Sri Lanka</td>
<td>Ms. Sachini Perera</td>
<td>Programme Officer, New Media, Women and Media Collective</td>
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<td>Mr. Vellayan Rajasegar</td>
<td>Resource Person, Viluthu</td>
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<td>Ms. Bhavani Fonseka</td>
<td>Senior Researcher and Attorney-at-Law, Legal and Constitutional Unit, Centre for Policy Alternatives (CPA)</td>
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<tr>
<td>Thailand</td>
<td>Mr. Joel Mark Barredo</td>
<td>Coordinator, ASEAN Youth Movement</td>
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<td>Ms. Nartrapee Wongseangchundr</td>
<td>Executive Director, Raks Thai Foundation</td>
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Proceedings of the Regional Meeting – Beyond ICPD and the MDGs: NGOs Strategising for SRHR in the Asia-Pacific Region
2-4 May 2012; Kuala Lumpur, Malaysia

Mr. Ramon San Pascual
Executive Director
Asian Forum of Parliamentarians on Population Development (AFPPD)

Ms. Renu Chunin
Member, Reproductive Health Division, Ministry of Health

Ms. Rose Koenders
Executive Director
Asia-Pacific Alliance (APA)

Ms. Suwannee Hanmusicwatkoon
Programme Coordinator
The Southeast Asian Consortium on Gender, Sexuality, and Health (SEACON)

Mr. Tammavit Tasnavites
Programme Associate
Asian Forum of Parliamentarians on Population Development (AFPPD)

TIMOR-LESTE
Ms. Teresa Verdial de Araujo
Chief Executive Director
ALOLA FOUNDATION

VIET NAM
Ms. Hoang Tu Anh
Founder Director
Centre for Creative Initiatives in Health and Population (CCIH)

North America

UNITED STATE OF AMERICA
Dr. Dina M. Siddiqi
Visiting Associate Professor
Hunter College

Ms. Louise Dunn
Vice President of Operations
Women Deliver

Pacific

AUSTRALIA
Dr. Anna Whelan
Independent Consultant

AUSTRALIA
Dr. Anna Whelan
Independent Consultant

FIJI
Ms. Angelyn Singh
Research Officer
Fiji Women’s Crisis Centre

Ms. Avelina Rokoduru
Research Coordinator
Pacific Sexual & Reproductive Health Research Centre (PacS-RHRC)
College of Medicine, Nursing & Health Sciences
Fiji National University

Ms. Paulini Turagabeci
Advisor
Fiji Women’s Rights Movement (FWRM)

Ms. Tara Chetty
Programme Manager,
Fiji Women’s Rights Movement (FWRM)

NEW ZEALAND
Dr. Gill Greer
Independent Consultant

PAPUA NEW GUINEA
Ms. Ume Wainetti
National Programme Coordinator
Family and Sexual Violence Committee (FSVAC)

Ms. Vanita Mukherjee
Programme Officer, Region (India, Nepal and Sri Lanka)
Ford Foundation

Ms. Dyana Savina Hutadjulu (Vina)
Junior Programme Officer Rights and Citizenship
Hivos Regional Office Southeast Asia

REPUBLIC OF KIRIBATI
Mrs. Taboneao Bataroma
Programme Officer
Kiribati Family Health Association (KFHA)

SOLOMON ISLANDS
Mr. Michael Salini
Executive Director
Solomon Islands Planned Parenthood Association (SIPPA)

Parliamentarians

Honorable Dame Carol Anne Kidu
Member of Parliament
Papua New Guinea

Honorable Emerenciana De Jesus
Member of Parliament
Philippines

Honorable Nova Riyanti Yusuf
Member of Parliament
Indonesia

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Beyond ICPD and MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific Region is a regional meeting organised by the Asian-Pacific Resource and Research Centre for Women (ARROW) on 2-4 May 2012 in Kuala Lumpur, Malaysia along with partner the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and in collaboration with the United Nations Population Fund (UNFPA).

The meeting brought together 127 participants from 30 countries in the Asia and Pacific region to define and discuss the comprehensive sexual and reproductive health and rights (SRHR) agenda and chart the avenues for advocacy and effective NGO engagement leading up to 2014-2015.

This publication presents the key discussions, responses, and recommendations around the six priority issues identified prior to the meeting that impact the SRHR of women and young girls.

These thematic areas are: Universal Access to Sexual and Reproductive Health, Poverty, Climate Change, Displacements and Migration, Food Security, and Religious Extremism. It also presents the way forward, through the Kuala Lumpur Call to Action, which makes specific demands from governments, international organisations, including the United Nations agencies, development partners, and other duty bearers. It also gives the sub-regional and regional action plans to operationalise the call to governments and international bodies.