

# asia-pacific cso call to action

**REGIONAL DIALOGUE ON HUMAN RIGHTS, GENDER, CULTURE AND DEVELOPMENT IN ASIA-PACIFIC:  
ADVANCING THE IMPLEMENTATION OF ICPD AGENDA**

13-14 November 2017, Kuala Lumpur, Malaysia

## Realising the SDGs Agenda: From Promises to Action

### Who We Are

We, the champions for Sexual and Reproductive Health and Rights (SRHR) from the Asian-Pacific region, gathered in Kuala Lumpur, Malaysia, on 13 & 14 November 2017 to discuss the implementation of the Sustainable Development Goals (SDGs) in the region. We strongly call upon governments in the region, UN agencies and other stakeholders to uphold their commitments to fully implement the SDGs, underscoring the need for full realisation of Goals 3 and 5 – on health and gender equality. We strongly feel that the principles and objectives of the ICPD (Cairo International Conference on Population & Development, 1994) are critical to attaining the SDGs.

The ICPD reaffirmed the importance of gender equality, equity and empowerment, sexual and reproductive health and reproductive rights as cornerstones to a sustainable development.<sup>1</sup> ICPD beyond 2014<sup>2</sup> and its assessment in 2017 reiterates the continued need to fulfil the agenda.

### Why This Call

We have identified the following challenges that urgently need to be addressed to fulfil the ICPD agenda and ensure universal access to SRHR for all:

1. Existing legal frameworks in many countries are limiting and do not ensure SRHR. In some instances, laws and/or policies are absent and/or existing laws and/or policies are not effectively implemented to ensure SRHR. Administrative measures like third party authorisation and conscientious objections create further hurdles. In many countries plural legal systems also discriminate the access to existing SRHR provisions and further marginalise some women and girls. The lack of cohesive policies across national and sub-national levels create barriers in implementing international and regional commitments.
2. Religion and culture is co-opted and misused by those in power to seize control and assert their authority. Usually women's rights and bodies and gender equality are at the center of asserting such control, leading to violations of rights and subjugation of women, ethnic and religious minorities and non-heteronormativity. Religion and culture is also used to perpetuate harmful traditional practices such as child, early and forced marriage and female genital mutilation. Religious and cultural barriers enable conscientious objection and stigma, and provide bias as personal values interfere in the availability and access of SRHR information and services. Moreover, the rise of conservative and right-wing nationalism further enables the derogation of women's human rights, including SRHR.
3. Right to health and SRHR policies and interventions continue to have critical groups falling through the cracks. Many – including young people, poor and rural women, female

migrants, refugees and internally displaced, LGBTIQ, women with disabilities, indigenous women, religious and ethnic minorities and elderly women – continue to be left behind and marginalised from the development process. Their marginalisation manifests through the lack of participation, decision-making, access to services including information and communication that lead to the denial of rights.

4. Structural barriers, including the systemic nature of patriarchy, continue to hamper the achievement of ICPD. This is further exacerbated by weak, inefficient and under-resourced (financial, human and infrastructure) health systems at national and sub-national levels that do not prioritise acceptable, available, accessible and quality SRHR. High out-of-pocket expenditure, unregulated privatisation of health, including unaffordable health insurance result in a denial of services to the most marginalised. Governments need to carry out constitutional obligations to provide universal access to SRHR that are acceptable, accessible, affordable, and of quality.

5. There is a lack of global, regional and national leadership to ensure political will and commitment and continuity of the ICPD agenda. Additionally, data is key to monitor progress and identify gaps related to ICPD, the SDGs and human rights instruments. However, data validity and quality are questioned due to the manipulation and misinformation that creates barriers to accountability and due diligence. There is a need for data disaggregation and accurate data, evidence based policy and law making. There is low awareness amongst rights holders to demand accountability from duty bearers.

## Our Call

To fulfil the principles and objectives of the ICPD agenda and attain the SDGs, we call on our governments to:

- Implement, monitor and report on SRHR holistically within the mechanisms of implementation of the Sustainable Development Goals, which in this region are the Asia-Pacific Forum on Sustainable Development (APFSD) and the Asia-Pacific Population Conferences (APPC).
- Create and implement a regional monitoring framework that can track progress of countries in the region and persisting gaps and keep governments in the region accountable to their people.
- Use international commitments to design and implement national level laws, policies, and programmes that would ensure universal access to SRHR.
- Utilise Constitutional and other legislative provisions to provide opportunities for women's participation on all decision making structures at all levels to realise and fulfil women's human rights.
- Provide adequate financial, human and infrastructural resources towards implementing health policies, which ensures highest attainable standard of physical and mental health for all including their SRHR.
- Monitor the public health sector to ensure the provision of gender sensitive, quality SRHR services ensure dignity and respect, privacy and confidentiality.

- Regulate the private health sector to provide acceptable, affordable, accessible, quality health services and ensure dignity and respect, privacy and confidentiality
- Ensure marginalised groups have access to health services, including sexual and reproductive health and rights.
- Identify strategic alliances and work with champions, including those from rights-based civil society groups as well as community and progressive media organisations that can ensure the advancement of the ICPD agenda in a holistic manner.

### ENDNOTES

1. Principles 1, 4 and 8 within the Programme of Action of the ICPD
2. Resolution 65/243 adopted by the General Assembly in December 2010

### ABOUT ARROW

ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Established in 1993, it envisions an equal, just, and equitable world, where every woman enjoys her full sexual and reproductive rights. ARROW promotes and defends women's rights and needs, particularly in the areas of health and sexuality, and to reaffirm their agency to claim these rights. ARROW receives institutional support from Ford Foundation and Sida.

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