

**Global Partners in Action:
NGO Forum on Sexual and Reproductive Health and Development**

REGIONAL MEETING SUMMARY

Asia and the Pacific: A diverse region

September 2, 2009; 11 am-1230 pm

Room Paris, Estrel Hotel, Berlin, Germany



Fifteen years after the International Conference on Population and Development (ICPD), sexual and reproductive health and rights (SRHR) for all remains a distant dream in the Asia and the Pacific. This region has a population of 3,434 million living in low and middle income countries (62% of the global population in low and middle income countries). Challenges include high rates of maternal mortality and morbidity, unsafe abortions, unmet need for contraception, RTIs/STIs, unintended teenage pregnancies (particularly in the Pacific) and lack of access of young people and people of diverse gender identities and sexual orientations to SRHR information and sexual and reproductive health (SRH) services. Not only do laws in several countries in Asia and the Pacific fail to uphold, they at times criminalise sexual and reproductive rights (SRRs) of women, young people and people of diverse and sexual gender identities. The long-term neo-liberal policies, current financial crisis, privatisation of health services, persistent poverty and inequities, climate change due to destructive development policies, conflicts and disasters, and politicisation of religion and patriarchal ideology exacerbate the situation. Donors and governments engaged in development and SRHR tend to function with inadequate transparency and accountability. The Asia and the Pacific region is also experiencing rising elderly and young populations, which poses its own challenges.

In this context, the participants in the three sub-regional (East and Southeast Asia, South Asia, and the Pacific) consultations from 18 countries recommend the following:

Recommendations for the Berlin Call to Action

- 1) **Address social determinants of SRHR.** Government and donors should invest adequately in pro-poor economic and social policies, poverty reduction, education and empowerment of women and youth. They should not promote structural adjustment policies that penalise the poor and the marginalised, in particular women and youth. They should ratify human rights instruments and optional protocols for further human rights of women and youth in general, and ensure that domestic legislation is in line with these. Governments and donors must ensure that there are platforms to improve coordination between the different ministries working on women's issues, health, population, social development, education and other sectors, and civil society organisations working on the same sectors.

- 2) **Strengthen public health systems, reverse the trend of privatisation and make SRH central.** Government and donors should strengthen public health systems so as to ensure equitable access to comprehensive SRH for all—particularly among women, men, youth and people of diverse sexual and gender identities (with a specific focus on the marginalised amongst them)—through adequate and long-term resource allocation, setting high performance standards, promoting effective and accountable means of implementation, and training service providers to be gender sensitive.
- 3) **Repeal laws and policies that violate sexual and reproductive rights**, including criminalisation of abortion, homosexuality, modern contraception. **Promote laws and policies that ensure sexual and reproductive rights** of all such as prevention of domestic violence against women, prevention of ‘honour’ killing, prevention of forced marriages and coercive population control (including under the garb of climate change), promotion of comprehensive sexuality education for all, and other laws and policies. **Promote policies that ensure male responsibility** to women’s SRHR.
- 4) **Strengthen donor and government accountability to SRHR for all:** Donors and governments should function in an accountable, transparent and consistent manner, and increase funding for comprehensive SRHRs for all (ensuring equity across sub regions). Comprehensive SRHR policies/services should be prioritised into their programming (e.g., SWAPs) and budget funding. Vertical programming should end. **Strengthen regulation of health markets and public-private (for profit) partnerships so that they are accountable to SRHR.**
- 5) **Involve civil society groups in SRHR policy formulation, budgeting in substantive manner and act upon them.** Government and donors should promote structures, mechanisms and allocate funds for meaningful participation of civil society groups, including those representing marginalised women, youth and people of diverse sexual and gender identities, in policy formulation, budgeting and accountability mechanism.

Recommendations for the Strategic Action for NGOs (SONGs)

- 1) **Widen awareness on human rights, including SRHRs.** Civil society actors must widen awareness among women, young people and people of diverse sexual and gender identities (in particular, the marginalised amongst them) on their human rights, including SRHRs.
- 2) **Hold government, donors and for-profit health organisations/public-private partnerships to account on SRHR.** Civil society actors must hold government to account on SRHR policies, budgets, expenditure and implementation. They must name and shame donors, financial institutions, for-profit health organisations and public-private (for profit) partnerships that violate SRHRs of women, young people and sexual and diverse gender identities.
- 3) **Build capacities of the civil society actors to access and mobilise funds for SRRs for all, and to pilot innovative strategies on SRH. As well, build capacities of those working at the grassroots level on critical analysis of macro-economic/political developments and SRHRs.** Build critical understanding of civil society actors working at the grassroots level on economic recession, politicisation of religion, underlying inequities behind climate change, as well as their implications on SRHRs. Also build critical understanding of potentially controversial sexual and reproductive rights (SRR) issues.

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ANNEX: RECOMMENDATIONS FROM ASIA AND THE PACIFIC SUB-REGIONS

Berlin Call to Action

Recommendations from the Pacific

- 1) All governments must ratify international human rights conventions and optional protocols and ensure that domestic legislation and policy enshrines human rights (including sexual and reproductive rights) and these laws and policies are fully implemented.
- 2) Donors should earmark funds for Pacific separately and support and fund active and functioning partnership between civil society organisations, donors and governments.
- 3) Government and donors must actively involve civil society and act on their recommendations on SRHRs.

Recommendations from South Asia

- 1) Governments and donors must strengthen public sector health system through reversing the trend of privatising health services, allocating funding for comprehensive SRHR services, strengthening capacities of health providers and improving access of women, youth and marginalised groups.
- 2) Donors should function in an accountable, transparent and consistent manner. Comprehensive SRHR should be prioritised into their programming (e.g., SWAPs) and funding.
- 3) Government and donors should take issues of sexual rights and abortion rights head on; place it in the context of changing demographics of youth, forms of relationships, livelihood and survival. They must ensure male responsibility to women's rights and health.
- 4) Donors and government should not advocate population control in general and under the garb of mitigation of climate change. Instead they should invest in women's empowerment, poverty reduction and sustainable development.

Recommendations from South-East Asia

- 1) Government and donors should strengthen public health systems so as to ensure equitable access to health and SRH for youth, migrants, LGBTIQ groups and women through sustained and long-term resource allocation, setting high standards, promoting effective and accountable means of implementation and training service providers to be gender sensitive.
- 2) Government and donors should put women's welfare at the center of development and health policy making. This includes calls to have a responsive means of crafting legislation that is inclusive (including young people), rights and evidence-based; repeal laws that are prohibitive and discriminatory; as well as recognise human rights especially of the marginalised groups such as ethnic minorities, women, migrants, young people and LGBTIQ.

SONGS

Recommendations from the Pacific

- 1) Global civil society community must support other civil society organisations working on SRHR in the Pacific
- 2) Developed country civil society organisations need to work with Pacific civil society organisations on agreed advocacy goals on SRHR within the context of new aid architecture.

Recommendations from South Asia

- 1) Widen awareness among women, young people and other marginalised groups on their rights, including SRHRs.

- 2) Facilitating coalitions for rights-based organisations of marginalised groups and ensuring their voice in policy making processes as well as in holding government accountable to implementing comprehensive SRHR services.
- 3) Hold community institutions, religious leaders and men as heads of household accountable for SRHR.

South-east Asia

- 1) Inclusion of youth and civil society in all levels of policy making, implementation and monitoring and evaluation.
- 2) Build capacities of civil society, especially those in the grassroots to access funding, as well as promote accountability in terms of utilisation.

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