

Statement submitted by the Asian-Pacific Resource & Research Centre for Women (ARROW) a non-governmental organisation in consultative status with the Economic and Social Council

ARROW, based in Malaysia, is an NGO that has been working since 1993 to advance women's health and rights, empowering women through information and knowledge by monitoring international commitments, advocacy and mobilisation. We work with national partners across the Asia-Pacific region, regional partners from the global South and allies from the global North.

We welcome the focus on the theme 'Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development'.

Almost 20 years after the Cairo Agenda, we are still far from achieving sexual and reproductive health and rights for all. This agenda continues to be side-lined in funding and implementation; for example, it was left out of the Millennium Development Goals for almost seven years, and only in 2005 was achieving universal access in reproductive health included as a goal. In the Asia-Pacific region, realisation of sexual and reproductive health and rights has been particularly difficult. The situation is further exacerbated by poor and uneven progress in attaining these indicators in the region. Therefore, concerted efforts in assessing the status of governments progress to previous commitments is imperative.

Access to sexual and reproductive health information and services including access to a full range of contraceptive methods, safe abortion services, counselling, quality treatment including empathetic and trained health service providers, and comprehensive sexuality education, remains a far cry. There has been a reduction in the maternal mortality ratio in the Asia-Pacific region from 1990-2010; in East Asia, for example, it has reduced by almost 70%. Despite this, maternal mortality still remains high in the region, with the highest seen in South Asia at 220 deaths per 100,000 live births.¹ Mortality due to unsafe abortions still remains high at 13% of all maternal deaths in South East Asia and South Asia, respectively.² Adolescent births also remain a challenge; the highest adolescent birth rates are seen in Oceania, with almost 62 births per 1,000 girls aged 15-19.¹ Unmet need for contraception within Asia-Pacific is highest in South Asia at 16%, followed by South East Asia at 13%.¹ Over the past decade, women represent 35% of people living with HIV in Asia.³

Sexual and reproductive health and rights do not exist in isolation. They are further exacerbated at the intersectionalities of poverty, and lack of food sovereignty, including food (in) security and nutrition (in) security. Sexual and reproductive health and rights for all remains unattainable when people are deprived of their most basic rights, including the right to food and nutrition for all. The Asia-Pacific region has the world's biggest share of the most hungry people at 563 million⁴ with poor people having to spend as much as 60-70% of their income on food, a problem growing with rising food prices. Women and girls are over-represented in this context, constituting almost 60% of the under-nourished population.

In 2010, out of 214 million people globally, there were approximately 27.5 million international migrants in Asia, and 6 million international migrants in the Pacific; almost half of both these figures constituted women.⁵ Cross-region migration affects people in diverse ways through alienation from families and difficult living circumstances. Women's health and rights are further affected with restrictions on mobility, wrongful confiscation of identity documents, screenings for pregnancies and sexually transmitted infections including HIV, oftentimes against their knowledge or will. Their access to public health services is further restricted with language barriers, higher costs of health services, increasing privatisation of healthcare and lack of insurance coverage. Such limitations make it difficult to achieve universal health coverage for all, let alone sexual and reproductive health and rights for all.

The Asia-Pacific region's diversity also lies in its diverse topographical features including small island states, arid mountainous regions, tropical and temperate forests prone to deforestation, which are vulnerable to climate change.⁶ Inadequate provision of facilities to face climate change intensifies the socio-economic divide, leading to food insecurity and gender-power hierarchies. Women, in the position of natural resource managers, are hugely impacted through climate change and are at an increased risk for early marriages, sexual harassment, trafficking, sexually transmitted infections including HIV/AIDS, and a rising trend in gender-based violence.⁶

Sexual and reproductive health and rights, recognised through national and international documents, are inextricable from economic, socio-cultural and political rights and are necessary to achieving gender equality and development. Growth in religious and political conservatism and fundamentalism across countries in the Asia-Pacific region, leading to rolling back of significant policy successes in the sexual and reproductive rights agenda, have affected women adversely through practices such as early marriages, often leading to early, unwanted and frequent pregnancies, female genital cutting, and inadequate access to sexuality education and services, including access to contraception and abortion.

In view of the above challenges, we call on governments and the international community to ensure universality of sexual and reproductive rights, universal access to sexual and reproductive health and rights information and services, with particular focus on marginalised groups, including women, young people, sexual and gender minorities, people with disabilities, indigenous people, migrants, ethnic and religious minorities, people living in contexts of disaster, war and conflict, sex workers, people living with HIV/AIDS, and displaced persons, in line with existing international commitments and conventions.

More specifically, we call on governments and the international community to:

1. Recall commitments made in the Cairo Agenda, critically review its implementation at the national, regional, and global levels and craft effective plans to achieve them.
2. Ensure a comprehensive sexual and reproductive health and rights agenda, recognising that gender equality, equity and sexual and reproductive rights are central to sustainable development.

3. Review, amend and implement laws and policies to address the needs and realities of women, young people, sexual and gender minorities and other vulnerable groups, and to uphold human rights, including sexual and reproductive rights as affirmed by the Bali Youth Declaration.⁷
4. Ensure that accountability mechanisms are in place and adhere to the highest standards of quality and transparency in order to monitor progress in achieving sexual and reproductive health and rights, social equality and equity, and achieving universal access for all.
5. Fulfil the right to universal access to a comprehensive rights-based continuum of quality care at all stages and across locations and comprehensive, gender-sensitive and youth-friendly sexual and reproductive health services through all levels of healthcare and public provisioning, including a full range of contraceptive methods; safe abortion services; services to ensure maternal health and nutrition, diagnostic and treatment services for sexually transmitted infections including HIV, infertility and reproductive cancers; counselling; and rights-based, non-discriminatory, evidence-based, youth-friendly and age-appropriate comprehensive sexuality education.⁸
6. Conduct and support ethical, gender-sensitive research to build evidence for policy making and programming related to sexual and reproductive health and rights and its linkages with other issues.
7. Address impact of religious extremism on the health and rights of women, young people, sexual and gender minorities and other vulnerable groups, including by removing legal and policy barriers based in political and cultural conservatism.
8. Address increased vulnerabilities of women, young people and other marginalized groups due to migration, climate change, disasters, conflict and displacement, as well as poverty and food and nutrition insecurity, and adopt concrete measures to mitigate their impacts, including on sexual and reproductive rights.

Sources:

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Endorsed by:

Asia Pacific Alliance for Sexual and Reproductive Health and Rights

Beyond Beijing Committee, Nepal

Center for Creative Initiatives in Health and Population, Vietnam

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MONFEMNET National Network, Mongolia

National Alliance of Women Human Rights Defenders, Nepal

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The ASEAN Youth Movement

The Mongolian Family Welfare Association

The Planned Parenthood Federation of Thailand

Women and Media Collective, Sri Lanka

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