ORAL STATEMENT BY ARROW, PARTNERS AND ALLIES At the 46th Session of theCommission on Population and Development (CPD) 22-26April 2013; New York

Honorable Mr. Chairperson and distinguished representatives, ladies and gentlemen,

On behalf of the Asian-Pacific Resource and Research Centre for Women (ARROW), and our allies and partners from civil society working on a variety of issues, including migrants' health and rights, women's rights, sexual and reproductive health and rights and young people's rights, we thank you for the opportunity to speak at this session. We commend the United Nations Commission on Population and Development for focusing the 46th session on migration.

During this important session, we would like to draw your attention to a major challenge beingfaced by migrant workers, particularly women, young people and undocumented/irregular migrant workers. This is the issue of their sexual and reproductive health and rights. 1,2

Structural barriers to this issue include

- discriminatory laws;
- lack of protective policies;
- · costly, privatised or unavailablehealth supplies and services, and
- cultural attitudes and communication barriers.

Theselead to outcomes such as poor sexual and reproductive health among migrants, including unwanted pregnancies, unsafe abortions, STIs, HIV infection, reproductive tract infections. Migrant workers' sexual and reproductive rights are often denied, including their rights to choosescreening for HIV, STIs and pregnancy; andtheir right to form relationships; to found a family; and tohave children in countries of destination, especially for unskilled women workers. Mental health, gender-based and sexual violence are also critical health and rightsissues for migrant workers.³

Today, a large part of our population is on the move, whether they cross borders or move to cities. All of us in this room know migrants—whether they be domestic workers, restaurant wait staff, nurses, caregivers, IT professionals, entertainment industry workers, sex workers, factory workers, or international organization/UN staff. In fact, there were 214 million international migrants globally in 2010—more than the 194 million population of Brazil, the 5th most populous country in the world.

Of this total migrant stock, half are women and 15.6% are betweenages 0-19.⁴

Asia-Pacific, the region where I come from, has 6 of the top 10countries of origin,⁵ and the region represents many important migration flows. Meanwhile, there are so many more internal migrants, as people migrate from rural to urban areas to seek a better life or are forced to move due to various circumstances like conflict, land grabbing or climate change-induced disasters. Migrants, whether international or internal, contribute significantly to the economic, social and cultural development of countries of origin, transit and destination.

¹ARROW. 2013. Labour Migration, Gender and Sexual and Reproductive Health and Rights.ARROW for Change, Vol. 19 No. 1. Kuala Lumpur: ARROW.http://www.arrow.org.my/publications/AFC/v19n1.pdf

²Marin, M.L. 2012. International Labour Migration, Gender and Sexual and Reproductive Health and Rights in East Asia, Southeast Asia and the Pacific. Kuala Lumpur: ARROW.www.arrow.org.my/uploads/Migration_WorkingPaper.pdf Marin, M.L. 2012. International Labour Migration, Gender and Sexual and Reproductive Health and Rights in East Asia, Southeast Asia and the Pacific. Kuala Lumpur: ARROW.www.arrow.org.my/uploads/Migration_WorkingPaper.pdf IOM. 2011. World Migration Report 2010. Geneva: IOM.

⁵ UN Commission on Population and Development Forty-sixth session, 22-26 April 2013. New trends in migration: Demographic aspects; Report of the Secretary-General.

In line with the above, we urgeState Parties to adopt a strong resolution that calls for the following:

- SRHR for all! Migrants are human beings with the same basic human rights as citizens
 and permanent residents. The CPD resolution should call upon governments,
 international agencies, employers and other key stakeholders to respect, protect and
 fulfill all migrants' rights, including the right to health and sexual and reproductive rights,
 which are basic human rights.
- The immediate ratification, implementation and reaffirmation ofgovernments' commitment to agreed international human rights standards, as well as international conventions and agreements, related to migration, women's rights, and sexual and reproductive health and rights. These includethe International Convention the Protection of the Rights of All Migrant Workers and Members of Their Families, various ILO standards,the International Conference on Population and Development Programme of Action (ICPD POA), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), the Millennium Development Goals (MDGs), and the Beijing Platform of Action.
- The repeal of discriminatory laws and regulations targeting migrant workers, particularly based on their health, pregnancy, occupational (including sex work), and sexual orientation and gender identity status. These include removal of HIV-related travel restrictions and forced deportations of migrant workers due to pregnancy and HIV status.
- Ensure the gender-responsiveness of international, regional and national policies and programmesto address gender inequalities and discrimination faced by women, youth, and persons of diverse sexual orientation and gender identities.
- Develop rights-based migrant health indicators and systematically collect disaggregated data, including for sexual and reproductive health and rights.
- Establish migrant-friendly policies and mechanisms that enhance social protection, health and safety of migrants; and eliminate disparities in access to health information, services, facilities and goods between migrants and host populations.
 - This means integrating key human rights concepts into sound public health approaches, where health policies and quality services are holistic, culturally competent, gender-sensitive, age-responsive and migrant-friendly;
 - o responses thataddress sexual and reproductive health issues—including safe, effective, affordable and acceptable modern methods of contraception, including emergency contraception; safe abortion services; maternity care; prevention and treatment for RTI, STI, HIV and AIDS, and reproductive cancers—as well as responses for mental health and gender-based violence;
 - o programmes that reach out to migrants and undocumented workers, which empower them to make choices and decisions that affirm their human rights, bodily integrity and sexual and reproductive rights should be funded and implemented. These include provision of comprehensive, rights-based information and education related to human rights of migrants, sexuality and SRHR, in schools and at all states of the migration cycle;
 - o these services must be funded and implemented.
- Provision of services to women, young girls and persons of diverse sexual orientation and gender identities, who are victims/survivors of violence, need to include: provision of safe spaces, access to health services, emergency contraception and safe abortion, access to seek justice and redress, and protection from further violence.

- Upholding migrants' rights to decent work, including the right to fair wages, to change employers, to maternity, paternity and sick leaves, and to rest days; as well as recognisingdomestic work as work.
- Make available and accessible migrant-friendly legal justice and recourse at national and international levels, across and beyond borders, which includes specialised services, translation services, legal assistance, temporary shelters, and the right of migrants to stay and work during the legal process.
- Adopt a cross-border, collaborative and multi-country approach to international migration, gender and health and rights issues, for sexual and reproductive health and rights.
- Finally, enablingempowerment of and inclusive and meaningful involvement of migrant worker communities, CSOs and unions as active partners in all matters related to migration.

Only through the above would we be able to harness migration as a force for sustainable development, and make migration an empowering process that benefits all, most of all migrants themselves. Thank you very much.

This statement is supported by:

Organisations

Global

- 1. Amnesty International
- 2. Dignity International
- 3. ISIS International
- 4. IPAS
- 5. Women's Global Network for Reproductive Rights (WGNRR)
- 6. Dance for Life

Regional and national

- 1. Action Canada for Population and Development (ACPD), Canada
- 2. Action for Health Initiatives (ACHIEVE), Inc., Philippines
- 3. Advocates for Youth, USA
- 4. AIDOS, Italian Association for Women in Development, Italy
- 5. Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), Thailand
- 6. Asia Pacific Women's Watch (APWW), Thailand
- 7. Asian-Pacific Resource and Research Centre for Women (ARROW), Malaysia
- 8. CARAM Asia, Malaysia
- 9. Centre for Creative Initiatives for Health and Population (CCIHP), Vietnam
- 10. Fiji Women's Rights Movement, Fiji
- 11. Forum of women's NGOs of Kyrgyzstan, Kyrgyzstan
- 12. Fundacion Para EstudioeInvestigacion de la Mujer FIEM, Argentina
- 13. Global Network of Women Peacebuilders, New York
- 14. Health Equity Initiatives, Malaysia
- 15, International Planned Parenthood Federation ESEAOR, Malaysia
- 16. Isis International Manila, International, Philippines
- 17. Japan Women's Watch (JAWW), Japan
- 18. Jera International, Australia

- 19. Korea Women's Watch, South Korea
- 20. Likhaan, Philippines
- 21. MAP Foundation, Thailand
- 22. National Alliance of Women (NAWO India)
- 23. Pacific Women's Watch (New Zealand) Inc., New Zealand
- 24. PaxRomana- ICMICA Asia
- 25. Planned Parenthood Association of Thailand
- 26. Population Foundation of India, India
- 27. Reproductive Rights Advocacy Alliance Malaysia (RRAAM), Malaysia
- 28. ShirkatGah, Pakistan
- 29. Sisters in Islam, Malaysia
- 30. St. John's Cathedral HIV Education Centre, Hong Kong
- 31. Women for Women, Bangladesh
- 32. Women's Resource and Advocacy Centre
- 33. Yunnan Health and Development Research Association (YHDRA), China