

I am pleased to take the floor at the 53rd session of the UN Commission on the Status of Women, on behalf of the Asia Pacific Caucus which represents 60% of the population in the Asia-Pacific region.

The priority theme addressing the unequal sharing of responsibilities between women and men in both the public and private spheres is one that is very much a reflection of our own concerns. In the context of the Asia-Pacific region, the issues of HIV/AIDS continues to be a major concern, not only because of the debilitating impact it has on our societies and on our economies, but because of the debilitating impact it has on the lives of women and girls. The care of the elderly is another extremely critical area of concern. Notions of traditional and cultural practices that result in unequal sharing of responsibilities within the family and households lead to women having to bear the major burden for care giving and often excludes men.

The rising impact of HIV/AIDS has severely impacted on women and girls as HIV/AIDS now bears a young woman's face. The recent report of the AIDS Commission in Asia states that there are an estimated 75 million men who buy sex from about 10 million women. This has made women extremely vulnerable to HIV, and spousal or partner transmission is now rapidly increasing across Asia. Data from Thailand and Myanmar indicates that about 80 to 90 percent of HIV-infected women are in monogamous relationships. Spousal transmission is fueled by traditional patriarchal societal attitudes that put women at a disadvantage in the household, thereby disabling them from negotiating in sexual relationships. However, HIV/AIDS response by governments remains predicated on the assumption that only "high risk" groups (men who have sex with men (msm), prostituted men and women, drug dependents) should be protected and, has left women victims of spousal and partner transmission in the margins of public health support.

Legal frameworks combine with societal attitudes rooted in culture, tradition and customary practices to discriminate against women and restrict women's and girls' rights to enjoy full citizenship. In such environments, stereotypes of the roles of men and women impede full and effective participation of men in care giving and leads to women who are HIV positive receiving less care than men. In addition, it is most often women and girls who become the primary care-givers to those living with HIV/AIDS. This situation is made even more complex when one takes into consideration issues such as class, race, age, marital status, membership of a minority or marginalized community, sexual orientation and gender identity that also play a role in all these cases. The Asia Pacific Caucus affirms that creating a climate in which men and women share care-giving responsibilities could transform the lives of many women for the better. Without equal division of labour between women and men or the achievement of gender equality will remain elusive.

While a few countries have started to provide socialized care services for the elderly, there remains inadequate training and support to enhance cadre of quality professional care-givers. Better and effective policies are also required to address the issue of migrant care workers whose numbers are expected to grow in the Asia Pacific region.

The Agreed Conclusions currently fail to reflect the need for community controlled and culturally appropriate responses to the unequal sharing of responsibility between women and men. They also fail to acknowledge the impact of the global financial crisis on the achievement of gender equality.

National Human Rights Institutions have a role to play in supporting women and girls, through independent monitoring and reporting at the United Nations level.

The Asia Pacific Caucus urges States to:

1. Address the broader issues of discrimination and violence against women and as a first step in this direction, affirm their commitment to the full realization of women's human rights by lifting reservations on CEDAW.
2. Integrate the equal sharing of responsibilities between men and women in the public and private sphere into all programmes and policies.
3. Ensure that care-giving is well positioned in all policy and funding frameworks, include caregivers as decision-makers, monitors and evaluators of resources and programmes and, that such policies recognize, affirm and support community and family caregivers.
4. Create programmes and activities that include and affirm male involvement in care-giving.
5. Ensure access to social protection including universal social pensions and benefits to support caregivers and ensure safety nets are put in place to provide medical and nursing care for the elderly.
6. Resource public health care services to support a continuum of care through better coordination with, and support, of community based organizations providing home-based care, including through task-shifting and referral systems.
7. Undertake national analysis of women's contributions in care-giving and its role in the economy
8. Ensure that women are not disproportionately affected by the Global Financial Crisis or that measures are taken to ameliorate the impact and that governments do not cut funding to gender equality programs.
9. Institute effective legislation and policies to facilitate increasing women's political participation and representation and the increase in funds for women's leadership programmes
10. Promote partnerships with civil society, faith based organizations, the United Nations and organizations of HIV positive people to increase capacity for care and support.
11. Recognize the independent participation of National Human Rights Institutions in compliance with the Paris Principles to achieve gender equality and adopt modalities for their independent participation at CSW in line with the UN Human Rights Council procedures.
12. Support a strengthened UN Gender Entity with a policy and programme mandate and universal country level presence for effectively improving the lives of women on the ground.