

# Beyond ICPD and MDGs:

NGOs Strategizing for Sexual and Reproductive Health and Rights in Asia-Pacific



## KUALA LUMPUR CALL TO ACTION

### Asia and the Pacific NGOs Call for Sexual and Reproductive Health and Rights for Sustainable Development

3rd May 2012; Kuala Lumpur, Malaysia

#### WHO WE ARE

We, 121 cross-generation activists, advocates and representatives of NGOs from diverse social movements from 27 countries in Asia and the Pacific, have gathered in Kuala Lumpur, Malaysia, to revitalise the sexual and reproductive health and rights (SRHR) agenda for sustainable development in the region, drawing from the commitments made in the Programme of Action of the International Conference on Population and Development (ICPD PoA) and the Millennium Development Goals (MDGs). As we face a world in multiple crises, we call for the inclusion and prioritisation of women and young people's SRHR in new development frameworks that take stock of current consensus documents and move beyond them to fully achieve our human rights.

#### WHY THIS CALL?

Asia and the Pacific, where we live and work, is a diverse region of inequalities and paradoxes, ranging from small island states to populous sub-continent. Home to 61.3% of the world's people, as well as 60.4% of all women and 62.6% of youth,<sup>1</sup> the region has two-thirds of the world's poor,<sup>2</sup> 62.5% of the world's hungry,<sup>3</sup> and 42% of maternal deaths<sup>2</sup>—with as high as 27% of these maternal deaths resulting from unsafe abortions.<sup>4</sup> Even as many countries in the region are becoming classified as middle-income

<sup>1</sup> World Population Prospects: The 2010 Revision, <http://esa.un.org/wpp/Other-Information/faq.htm>

<sup>2</sup> United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Asian Development Bank (ADB) & United Nations Development Programme (UNDP). 2010. *Paths to 2015: MDGs in Asia and the Pacific*.

<sup>3</sup> Food and Agriculture Organization. 2010. *The State of Food Insecurity in the World 2010: Addressing Food Insecurity in Protracted Crises*.

<sup>4</sup> Thanenthiran, S. & Racherla, S. 2009. *Reclaiming & Redefining Rights – ICPD+15: Status of Sexual & Reproductive Health*

#### OUR CALL

We call on our governments, international organisations, including the United Nations agencies, development partners and other duty bearers to take the following actions:

1. Recognise that gender equality, equity and sexual and reproductive rights are central and integral to sustainable development.
2. In reshaping the international political and development agenda beyond the ICPD PoA and MDGs, ensure a comprehensive and holistic sexual and reproductive rights and health (SRHR) agenda.
3. Review, amend and implement laws and policies to address the needs and realities of women, young people and LGBTQI persons, and to uphold human rights, including sexual and reproductive rights.
4. Ensure that accountability mechanisms are in place and adhere to the highest standards of transparency in order to monitor progress in achieving SRHR, social equality and equity, and achieving universal access for all.
5. Fulfil the right to universal access to a continuum of quality care and comprehensive sexual and reproductive health services, supplies and information, through all levels of healthcare and public provisioning.
6. Provide universal comprehensive sexuality education (CSE) and youth-friendly health services (YFHS).
7. Conduct and support ethical, gender-sensitive research that provides the evidence for policymaking and programming related to SRHR and its linkages with other issues. Data should be disaggregated according to age, sex and other socio-economic indicators.
8. Unequivocally endorse, sustain and scale up domestic resources and official development aid (ODA) for the implementation of comprehensive SRHR interventions in the region.
9. Address the impact of religious extremism on SRHR for women, young people, LGBTQI persons and other vulnerable groups, including by removing legal and policy barriers based in political and cultural conservatism.
10. Address the increased vulnerabilities of women and young people due to migration, climate change, disasters, conflict and displacement, and adopt concrete measures to mitigate their impacts, including on SRHR.
11. Abolish global and regional trade and financial policies that perpetuate food insecurity, malnutrition and interlinked SRHR concerns.
12. Meaningfully engage NGOs and progressive social movements from the global South as equal partners in development at all levels, particularly women-led and youth-led groups, and ensure an enabling environment for their work.

We all commit to work together to push this Call forward for full realisation of sexual and reproductive rights in Asia and the Pacific!

countries and thereby no longer a priority for aid, drastic inequality and inequity remain. Despite great need and demand, in 2010 alone, the funding gap in the region for SRHR was US\$6.73 billion.<sup>5</sup>

While there have been some important gains, almost 20 years after ICPD and the Beijing Platform for Action, we continue to face challenges in the region, such as lack of SRHR services resulting in maternal mortality and morbidity, women's anaemia and malnutrition, and lack of access to contraception and family-planning, as well as early age of marriage and pregnancy.<sup>4</sup> Lack of access to comprehensive sexuality education, rights-based information and services for vulnerable groups is a concern across the region.<sup>4</sup> Women and young people who are poor, have limited formal education, live in remote and/or rural areas, from tribal groups, from ethnic minorities, from lower castes, are LGBTIQ people,<sup>6</sup> are displaced, migrants or refugees, are in sex work or live with disabilities, face greater difficulties in accessing comprehensive sexuality education and services, and making decisions about their own bodies. Policymaking and programme development relegate sexuality to reproductive functions, and shifting the paradigm to an affirmative sexuality framework is a challenge. These include the lack of focus on sexual pleasure; the lack of access to comprehensive sexuality education; and the lack of recognition of the concepts of marital rape, sexual harassment, sex-work and the sexual and reproductive rights of people of diverse sexual orientations and gender identities.<sup>4</sup>

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<sup>4</sup> *Rights in Asia*. Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

<sup>5</sup> Gil, M.B. 2010. *Making SRHR Count: Asia Pacific Resource Flows Project 2010*. Bangkok: Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA).

<sup>6</sup> Lesbians, gays, bisexuals, transgender, transsexual, queer and intersex people.

Various forces impede the SRHR agenda globally and regionally. The ICPD PoA has become sidelined in the development agenda, and the concept of SRHR has been narrowed down. The language of rights and development has become appropriated by forces that push for political, religious, and neoliberal/market fundamentalist agendas. Challenges include the return of population control discourses, imposition of regressive aid conditionalities, market-based approaches to health and food provision, aggressive trade policies that hinder access to health services and healthy food systems and food security, disasters, militarism, conflict, climate change, religious fundamentalism, as well as the food, fuel and finance crises.

## OUR CALL

We call on our governments, international organisations, including the United Nations agencies, development partners and other duty bearers to take the following actions:

- 1. Recognise that gender equality, equity and sexual and reproductive rights are central and integral to sustainable development.** Achieving sexual and reproductive rights must be placed within a broader frame that includes fulfilling basic rights to education, health, food, nutrition, housing, livelihood, political participation and freedom of expression; addressing various inequities and inequalities, including between and within nations, communities and families; and achieving social justice.
- 2. In reshaping the international political and development agenda beyond the ICPD PoA and MDGs, ensure a comprehensive and holistic SRHR agenda.** Such an agenda should include abortion rights, adolescents and young people's sexuality, affirmative sexuality, including the right to seek pleasure and other sexual rights.

**3. Review, amend and implement laws and policies to address the needs and realities of women, young people and LGBTIQ persons, and to uphold human rights, including sexual and reproductive rights.**

This includes amending laws and policies that deny access to SRHR information and services, such as those that require parental or husband's consent, as well as those that criminalise abortion, HIV transmission, sex work, and diverse sexual orientation and gender identities. Affirming laws that uphold the human rights of sexual and gender non-conforming persons should be enacted and implemented. Laws to address human rights violations, including gender-based violence, early marriage, early childbirth, homophobia and transphobia, and discrimination against people living with disability, need to be drafted and implemented. At the minimum, laws and policies need to be underpinned by international human rights law, and affirm sexual and reproductive rights.

**4. Ensure that accountability mechanisms are in place and adhere to the highest standards of transparency in order to monitor progress in achieving SRHR, social equality and equity, and achieving universal access for all.** Regional inter-governmental bodies of ASEAN, Pacific Islands Forum and SAARC should promote the institutionalisation of these mechanisms.

**5. Fulfil the right to universal access to a continuum of quality care and comprehensive sexual and reproductive health services, supplies and information, through all levels of healthcare and public provisioning.** This would include provision of the full range of contraceptives (including emergency contraception), services to ensure maternal health and nutrition, emergency and comprehensive obstetric and postnatal care services, interventions for maternal morbidities including uterine prolapse, services for safe

abortion and management of abortion complications, infertility treatment, access to medication and treatment for STI and HIV and reproductive cancers, and appropriate referral systems. Services and programmes for SRHR, HIV and AIDS and gender-based violence need to be inter-linked, gender-sensitive, rights-based, disability-friendly, and available even in times of conflict, disasters, migration and displacement.

**6. Provide universal comprehensive sexuality education (CSE)** in formal and non-formal education systems, as well as in out-of-school and workplace settings, which is age-appropriate, gender-sensitive, disability-friendly, evidence-based, context-specific, and acknowledges evolving capacities of young people. **Provide youth-friendly health services** that are confidential, non-judgmental and non-discriminatory, to enable young people to make informed choices free from sexual violence, coercion, unintended pregnancies, sexually transmitted infections, including HIV. Programmes need to be based on a human rights framework, including the right to be free from discrimination, coercion and violence, as well on the principles of bodily integrity, dignity, equality, and respect for diversity as part of affirmative sexuality. We acknowledge the successful outcomes of the 45th session of the UN Commission on Population and Development in this regard.

**7. Conduct and support ethical, gender-sensitive research that provides the evidence for policymaking and programming related to SRHR and its linkages with other issues.** Data should be disaggregated according to age, sex, and other socio-economic indicators. Implement civil registration and vital statistics systems, conduct regular health surveys and studies and make information and analysis accessible to the public. Address significant data gaps in monitoring and reporting on ICPD PoA and MDGs. In the forthcoming

review and reporting processes, meaningfully engage NGOs and progressive social movements, and recognise the validity of qualitative studies, case studies and experiences from the field as evidence.

**8. Unequivocally endorse, sustain and scale up domestic resources and official development aid (ODA) for the implementation of comprehensive SRHR interventions in the region.** Increase domestic resources and national health spending, including on SRHR. Commit to and implement rights-based approaches to poverty reduction that are interlinked with health strategies, as long-term investments. Address financial, supply and demand side barriers to universal access to SRHR, including by implementing an efficient tax-revenue-based funding that aims at universal access, not only coverage. Developed countries, including in this region, must meet their ODA target commitments of 0.7% of gross national income (GNI). Bilateral and emerging donors should be encouraged to channel more funds to SRHR. The ODA to Asia and the Pacific must be increased to match needs, and the share for the health sector and SRHR must also be increased. The total allocations needed for SRHR in the Asia and the Pacific is US\$25 billion by 2015.

**9. Address the impact of religious extremism on sexual and reproductive rights and health for women, young people, LGBTIQI persons and other vulnerable groups, including by removing legal and policy barriers based in political and cultural conservatism.** Harness all forms of media, including social media, to promote the empowerment of women and respect for human rights.

**10. Address the increased vulnerabilities of women and young people due to migration, climate change, disasters, conflict and displacement, and adopt concrete measures to mitigate their impacts,**

**including on SRHR.** Addressing SRHR among communities affected by these vulnerabilities requires eliminating disparities in accessing resources and SRHR services. Comprehensive SRHR responses must be integrated in existing programmes and services for migrants and displaced people. Women's bodies should not be the vehicle for climate change solutions, but concern for the impact of climate change on women should prompt effective, as well as rights-respecting, efforts. Climate change particularly affects small island states and disaster-prone areas of the region, which disproportionately impacts women and other vulnerable groups. These complex problems should be addressed using a gendered, intersectional approach, situating sexuality and rights concerns within macroeconomic, environmental and livelihood issues.

**11. Abolish global and regional trade and financial policies that perpetuate food insecurity, malnutrition and interlinked SRHR concerns.** Recognise that food security and nutrition greatly impact SRHR, particularly of women, young people and other vulnerable groups. In times of food insecurity, women bear the greater burden of work in meeting the gap of nutrition for the household, often leading to dangerous work, unsafe food sources and malnourishment of women and girls. Inequalities along the global food chain greatly exacerbate these vulnerabilities. Local food supply chains, particularly the role of women producers, should be supported. Unfair trade policies also affect access to lifesaving medicines and must be abolished.

**12. Meaningfully engage NGOs and progressive social movements from the global South, particularly women-led and youth-led groups, as equal partners in development at all levels, and ensure an enabling environment for their work.** Involve them in international development agenda-setting, implementation and review processes.

## OUR PRINCIPLES

We believe in the principles of bodily integrity, personhood, respect for diversity and equality. All people are equal, regardless of their age, marital status, sex, gender and gender identity, sexual orientation, economic status and livelihood, citizenship status, race, caste, ethnicity and religion, social and political opinions, geographical location, disability status and HIV status, amongst other social factors.

We believe that all people have the right to sexual well-being, and to live lives free from discrimination, fear, coercion, violence and sexual and reproductive ill-health. Women and youth have the right to be able to decide on reproductive matters, including avoiding unplanned, unwanted pregnancy by having access to contraception and to safe abortion services. Everyone has the right to comprehensive education and information on sexuality, sexual and reproductive health, and the right to high-quality, accessible, gender-sensitive, youth-friendly, disability-friendly and non-judgmental comprehensive SRHR services.

We believe that sustainable development cannot be achieved without sexual and reproductive rights, and without addressing inequality, inequity and social injustice within and between countries, related to gender and class, amongst others. Additionally, sexual and reproductive rights are vital to achieving health and well-being, and gender equality.

We believe that SRHR is closely intertwined with HIV and AIDS and gender-based violence. SRHR is interlinked with other development issues, including poverty, food security and nutrition, education, labour, migration, democracy struggles, peace, conflict, climate change and the environment.

## ABOUT THIS CALL

The Kuala Lumpur Call to Action is the outcome document of the regional meeting, *Beyond ICPD and MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific Region*, which was organised by the Asian-Pacific Resource and Research Centre for Women (ARROW) on 2-4 May 2012 in Kuala Lumpur, Malaysia, along with our partner the GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH) and in collaboration with the United Nations Population Fund (UNFPA). This Call to Action and resources from the meeting can be accessed at ARROW's website ([www.arrow.org.my](http://www.arrow.org.my)) and Facebook page.

The Call was formulated by a drafting team composed of representatives from Aliansi Remaja Independen (ARI, Indonesia); ARROW (Regional); Asia-Pacific Alliance for Sexual and Reproductive Health and Rights (APA, Regional); Asia Pacific Council of AIDS Service Organizations (APCASO, Regional); Centre for Health Education, Training and Nutrition Awareness (CHETNA, India) & Women's Health and Rights Advocacy Partnership South Asia (WHRAP South Asia); Fiji Women's Rights Movement (FWRM, Fiji/Pacific); Mongolian Family Welfare Association (MFWA, Mongolia); Pacific Sexual & Reproductive Health Research Centre (PacS-RHRC, Fiji); Village Integrated Development Association (VIDA) & People's Health Movement (PHM, Bangladesh); Youth Action Nepal (Nepal); and YP Foundation (India).

Independent activists and representatives of groups who participated at the conference and who supported this Call include:

**Afghanistan:** Aga Khan Health Services; **Bangladesh:** Doorbar Network, Naripokkho, PHM Bangladesh, South Asia Alliance for Poverty Eradication (SAAPE) & VIDA; **Burma:** Myanmar Positive Women's Network; **Cambodia:** Reproductive Health Association Cambodia (RHAC); **China:** Yunnan Health and Development Research Association (YHDRA); **Fiji:** Fiji Women's Crisis Centre, FWRM & PacS-RHRC of Fiji National University; **India:** Achutha Menon Centre for Health Science Studies of Sree Chitra Tirunal Institute for Medical Sciences, CHETNA, CREA, Rural Women's Social Education Centre (RUWSEC), SAHAYOG, TARSHI & the YP Foundation; **Indonesia:** ARI, Centre of Gender and Sexuality Studies of University of Indonesia, Gadjah Madja University, International Planned Parenthood Association (IPPA), Pusat Pendidikan dan Informasi tentang Islam dan Hak-hak Perempuan (RAHIMA), Rutgers WPF Indonesia & Yayasan Kesehatan Perempuan (YKP); **Iran:** Iran Family Planning Association (FPA); **Kiribati:** Kiribati Family Health Association (KFHA); **Lao PDR:** Lao Positive Health Association (LAOPHA) & University of Health Sciences (UHS); **Malaysia:** Federation of Health Association Malaysia (FRHAM), Menjana Kuasa Wanita (EMPOWER), PT Foundation, Reproductive Rights Advocacy Alliance Malaysia (RRAAM), Sisters in Islam (SIS) & Women's Development Centre (KANITA) of University Sains Malaysia; **Maldives:** Society for Health Education (SHE); **Mongolia:** Human Development, Reproductive Health and Rights NGO Network, MFWA & Young Women for Change NGO; **Nepal:** Association of Youth Organisations Nepal (AYON), Beyond Beijing Committee (BBC), Forum for Women, Law & Development, Safe Motherhood Network Federation Nepal (SMNFN) & Youth Action Nepal; **New Zealand:** Time Plus Talents; **Pakistan:** Aahung, Family Planning Association (FPA), Rutgers WPF Pakistan & Shirkat Gah; **Papua New Guinea:** Family and Sexual Violence Committee (FSVAC); **Philippines:** Action for Health Initiatives (ACHIEVE), Likhaan Centre for Women's Health, Philippines NGO Council on Population, Health and Welfare (PNGOC) & Reproductive Health, Rights, and Ethics Center for Studies and Training (ReproCen); **Solomon Islands:** Solomon Islands Planned Parenthood Association (SIPPA); **Sri Lanka:** Centre for Policy Alternatives (CPA), Viluthu & Women and Media Collective; **Thailand:** Raks Thai Foundation; **Timor-Leste:** Alola Foundation; **Vietnam:** Centre for Creative Initiatives in Health and Population (CCIH); **International/Regional:** APA, APCASO, ARROW, ASEAN Youth Movement, Asian Forum of Parliamentarians on Population and Development (AFPPD), Asia Pacific Women's Watch (APWW), Asia Rural Women's Coalition (ARWC), Asia Safe Abortion Partnership (ASAP), Catholics for Choice (CFC), Development Alternatives with Women for a New Era (DAWN), International Planned Parenthood Federation South East Asia Region (IPPF-ESEAOR), International Planned Parenthood Federation South Asia Region (IPPF SARO), Southeast Asian Consortium on Gender, Sexuality and Health, Women's Global Network for Reproductive Rights (WGNRR), WHRAP South Asia and WHRAP Southeast Asia.

To endorse and support this Call, volunteer to translate it in your language, or get print copies for distribution, please get in touch with any of the following ARROW staff: Ambika Varma ([ambika@arrow.org.my](mailto:ambika@arrow.org.my)), Maria Melinda (Malyn) Ando ([malyn@arrow.org.my](mailto:malyn@arrow.org.my)), Nida Mushtaq ([nida@arrow.org.my](mailto:nida@arrow.org.my)) and Rachel Arinii Judhistari ([rachel@arrow.org.my](mailto:rachel@arrow.org.my)).