



First Stakeholder Consultation of the Seventh Asian and Pacific Population Conference

Addressing Human Rights, Intersecting Forms of Discrimination and Exclusion: Leaving No One Behind in Sustainable Development.

Wednesday, 21 June 2023 (11:00-14:45 UTC+7), Virtual

SUMMARY REPORT

I. Background

1. Pursuant to ESCAP resolution 74 (XXIII) of 17 April 1967 and Commission on Population and Development decision 2022/101, ESCAP, in collaboration with UNFPA in Asia and the Pacific, will organize the Seventh Asian and Pacific Population Conference (APPC) from 15 to 17 November 2023 at the United Nations Conference Centre in Bangkok, Thailand and online. The intergovernmental meeting will coincide with the 10-year anniversary of the adoption of the 2013 Asian and Pacific Ministerial Declaration on Population and Development.
2. As part of this process, the CSO Steering Committee (SC)^[1], with support from ESCAP and UNFPA is organizing stakeholder consultations on the priority issues of Asian and Pacific Ministerial Declaration (APMD). Gender, equality and human rights considerations are mainstreamed.
3. Main findings and recommendations of the consultations will be summarized in an information paper to be submitted to the Seventh APPC. The objective of these consultations is to bring a bottom-up participatory approach of the review of the APMD and the Programme of Action of the International Conference on Population and Development at the regional level and identify challenges and opportunities of population and development that transcend national boundaries from stakeholder perspectives.
4. This first of the four consultations was held online on 21 June 2023. The topic for the consultation was Addressing Human Rights, Intersecting Forms of Discrimination and Exclusion: Leaving No One Behind in Sustainable Development.
5. There were 3 sub-themes which were discussed during breakout sessions.
 - a. Women and girls in all their diversity, including SOGIESC¹ and gender diverse persons.
 - b. Marginalized communities living in conflict and humanitarian settings, natural disasters.
 - c. Ensuring access to Universal Health Coverage (UHC), and fulfilment of universal access to Sexual and Reproductive Health and Rights (SRHR) information, education, and services for all.

II. Objectives, organization and attendance

6. The purpose of the stakeholder consultation was to facilitate and expand collaboration and participation in the regional review and appraisal process, and to elicit stakeholder experiences and views around the review objectives, namely:

- Take stock of the overall progress of implementation of the priority issues of the APMD and the ICPD PoA in Asia and the Pacific to date.
- Identify key challenges, opportunities, gaps, and prevalent and emerging issues.
- Identify established and emerging good practices and lessons learnt.
- Formulate recommendations.

7. The consultation consisted of an opening, followed by two rounds of three simultaneous working groups and a closing plenary (please see the agenda for more details).

8. All working groups addressed the following guiding questions, with a focus on the implementation of APMD priority actions:

- a. Who are excluded and how do we ensure inclusion and meaningful participation of individuals fully in the economic, social, political and cultural realms, especially of individuals who are disadvantaged and marginalized on the basis of multiple and intersecting forms of discrimination?
- b. How do we enhance opportunities, access to resources, voice and agency of individuals, and respect for rights, and ensure their effective engagement in decisions concerning their sexual and reproductive health and rights?
- c. What are the main achievements, good practices and lessons learned?
- d. What are the remaining challenges?
- e. How have COVID-19, climate change and ICTs impacted the achievement of the priority issues?

9. Working Group 1: Women and girls in all their diversity, including SOGIESC and gender diverse persons

This sub-theme focused on inequalities, multiple and intersecting forms of discrimination and exclusion faced by women and girls, adolescents, older persons, migrant persons, LGBTQ+, intersex persons, persons with disabilities, non-neurotypical women, women and girls in poverty. Indigenous people, ethnic minorities, sex workers, and other marginalized groups, rural and urban poor, people living with TB and/or HIV were also discussed.

10. Working Group 2: Marginalized communities living in conflict and humanitarian settings, natural disasters

This sub-theme discussed the structural inequalities, multiple and intersecting forms of discrimination and exclusion faced by marginalized communities in conflict and humanitarian emergencies, natural disasters and

forced displacement, including women and girls in all their diversity, SOGIESC, and gender diverse persons, migrants, refugees, older persons, persons with disabilities, persons displaced in the context of climate crises and other contexts, person living in urban, rural, maritime and remote communities, including those living in climate frontlines and small island states.

11. Working Groups 3: Ensuring access to Universal Health Coverage (UHC), and fulfilment of universal access to SRHR information, education and services for all.

This topic focused on the issue of equity and access of marginalized groups to Universal Health Coverage including SRHR services, and the fulfilment of SRHR for all in Asia and the Pacific.

12. The consultation was a closed meeting and was not recorded. In order to have open and frank discussions, Chatham House Rules were followed, which meant that participants were free to use the information received but did not reveal the identity or the affiliation of the speaker(s), or of any other participant.

13. This report aims to be a non-exhaustive summary of the key points raised in the consultation.

14. This stakeholder consultation was co-designed and implemented by the CSO Steering Committee with support from ESCAP and UNFPA.²

15. A total of 86 stakeholders, from 56 CSOs, representing 21 countries in Asia and the Pacific, attended the consultation. Participants came from a broad range of sectors including academia, civil society, intergovernmental organizations, local authorities, communities, and the private sector. There was balanced gender and regional representation among participants.

III. Opening

16. Ms. Alexa Johns, Seventh APPC CSO Steering Committee member, welcomed all participants and emphasized the importance of stakeholder engagement in the preparatory process for the Seventh APPC.

17. Ms. Khawar Mumtaz, Shirkat Gah, Pakistan provided the keynote speech. She focused on the exclusionary and discriminatory dimensions of human rights that underpin inequalities. There was overall progress in implementing the priority actions of the 2013 Ministerial Declaration, but barriers and gaps still existed. The Asia-Pacific region was home to 60 per cent of the world's 8 billion people, but inequality was persistent not only in households but also embedded in the socioeconomic systems and structures. Gender inequalities also resulted from women's disadvantaged socioeconomic status in society. Additionally marginalized individuals were more susceptible to natural disasters and climate change due to limited access to resources. The region was characterized by changing demographic trends, rapid urbanization, and high levels of migration.

18. The key challenges in the region linked to SRHR were the large unmet need for modern contraception and 43 per cent of all adolescent pregnancies in Asia and the Pacific were unintended¹. Socioeconomic conditions restricted women's access to skilled birth attendance and the restrictive civic spaces led to a lack of decision-making opportunities for women. Ms. Mumtaz argued it was pivotal to address the intersectional determinants of exclusion and discrimination which resulted in early and child marriage, lack of accessible and affordable education up to secondary school, violence against women and girls, inadequate SRH services and a lack of preparedness for climate change related calamities and disasters.

However, there were positive developments and improvements in the region, such as a reduction in severe poverty, an increased recognition of gender and sexual diversity, laws to protect people's rights and increased access to sexual and reproductive health services.

19. In order to address the critical challenges in the region, specifically with a focus on SRHR, Ms. Mumtaz outlined recommendations which included updates to UHC, a gender transformative analysis of policies and services among others. Successes from the region were highlighted with a call to replicate these in other countries, this included addressing the unmet need for contraceptives, mobilization of religious leaders for family planning advocacy and the cross-sharing of legislation which protected LGBTQ+ individuals.

20. Mr. Sangeet Kayastha, YPeer Asia Pacific, Thailand provided reflections on the main concerns of young people in the region. He focused on accessing and funding adolescents' health services, investment in new technology, meaningful engagement of young people on achieving ICPD and SDGs commitments, and universal health coverage.

21. Ms. Madu Dissanayake, Regional Programme Specialist a.i., UNFPA APRO, highlighted the rapid demographic shifts in the region such as ageing and low fertility. Ms. Dissanayake urged the participants to think about who is being left behind as the region grows richer and what lessons could be learnt from the COVID-19 response. There was need for policies that empower women and support families in the long term rather than implementing measures and policies solely based on financial incentives.

IV. Working Groups

A. Subtheme 1: Women and girls in all their diversity, including SOGIESC and gender diverse persons.

Round 1: 25 Participants

Round 2: 33 Participants

i) Key challenges

22. Participants noted the challenges that women living with HIV faced, including a high risk of violence, laws that criminalize women for their HIV status and limited legal protection. Women living with HIV also often faced challenges and rights abuses when healthcare service providers took away women's decision-making

¹ UNFPA, Universal Access to Reproductive Health: Progress and Challenges, New York, 2016, p. 36

powers for example regarding pregnancy, choice of contraceptives or treatment options, and including forced or coercive sterilization. The lack of decision-making power over their own body directly impacted women's sexual reproductive health and rights along with their bodily autonomy. Additionally, it was noted that stigma, discrimination and a lack of community support forced young girls to drop out of school, and women living with HIV faced increased sexual and gender-based violence, in particular due to intimate partner violence.

23. The intersecting identities of women living with HIV included migrant women and women with disabilities; both groups faced unique challenges. The former group often could not travel to neighbouring countries for work because of their HIV status. In the course of their overseas work, some women migrants found themselves either in sexual relationships or in sexually exploitative situations that gave rise to unwanted pregnancies. When migrant women become pregnant or infected with STDs or HIV/AIDS, more often than not, they were not asked whether they had been raped or sexually abused. Instead, they were often arrested, detained and deported, often with no investigations, medical care, counselling or compensation offered. This criminalization of migrant women restricted their access to health services for safe abortion. Women with disabilities living with HIV had difficulties accessing SRHR information, either because the family considered it taboo, or because they could not read or use the information provided, thus affecting their right to information.

24. Several countries in Asia and the Pacific had outlawed same sex marriage, and there were many barriers when transgender people sought legal gender recognition in official documents. Political instability in some countries in the region made it difficult for CSOs to raise awareness for LGBTQ+ issues. Mental health also affected the LGBTQ+ community, in particular during COVID-19.

25. There was a lack of data and reporting around gender-based violence against LGBTQ+ people in the region. Participants noted that cases often went unreported, as LGBTQ+ people feared stigma and discrimination from law enforcement officials.

26. In some countries, religion continued to influence taboos around certain topics, including on SRHR. Most countries in the region did not collect data on the prevalence of female genital mutilation, and, as a result, no adequate steps or laws had been implemented to address the issue. It was challenging for CSOs to work with governments, while religious fundamentalism was gaining more importance in some countries which restricted women's economic freedom and choices.

27. A participant highlighted the difficulty of older women obtaining access to services in rural areas.

ii) Good practices

28. To address the challenges women faced in rural areas, it had proven useful in some countries to build water tanks near communities for easy access to clean water, provide gardens to allow people to grow their own vegetables, and provide bicycles for girls to go to school.

29. In some countries in the region, LGBTQ+ persons had been presented in the media in a positive way, which had contributed to their recognition in the country.

30. Despite traditional gender norms that restrict women's economic freedom, many women throughout the region had started new businesses from home during the pandemic.

B. Subtheme 2: Marginalized groups in conflict and humanitarian emergencies, natural disasters, and forced displacement.

Round 1: 25 Participants

Round 2: 22 Participants

i) Key challenges

31. Migrants, refugees, and displaced persons were often excluded from existing labour laws and social protections systems, and they were often forced into informal work. Moreover, many were denied the right to unionize which put them at an additional disadvantage. Migrant women who were married to locals often faced challenges when they did not qualify for social protection systems on their own. They would often become fully dependent on their native-born spouses in this regard. LGBTQI+ refugees and migrants experienced multiple forms of discrimination and exclusion.

32. Older persons' needs in conflict and humanitarian settings were often ignored, and they had low priority in humanitarian relief efforts. Their specific requirements, in particular with regard to sanitation, nutrition and health care in such settings were often not adequately assessed and addressed.

33. There were also limited resources for older women who lived alone.

34. Persons with disabilities were invisible in conflict settings, with very little documented information on them. Although some governments provided assistance and support, CSOs were often on the front lines and offered assistance.

35. Women and girls faced additional challenges in conflict settings including an increased burden of unpaid care work, early and forced marriage, loss of work, loss of educational opportunities and livelihood.

36. In some countries in the region, school dropout rates for children remained high which affected their prospects for employment and overall future.

37. Crises deepened inequalities and disrupted access to basic services, including sexual and reproductive health services. This resulted in an increased risk of sexual and gender-based violence, maternal mortality, early and unintended pregnancy, female genital mutilation and human trafficking.

38. Information on youth centres in some countries was not often made publicly available which led to indigenous communities and adolescent women not accessing family planning services.

ii) Good practices

39. In some countries in the region, such as Hong Kong, China, an intensive campaign and public awareness led to gradual increase in wages for domestic workers.

40. There were also examples from countries in the region where migrants were provided pathways to permanent residency and where they were adequately compensated for their work.

41. CSOs were often sharing information on work and housing with displaced persons, and they also supported them in organizing themselves.

42. Empowering groups in vulnerable situations was an important aspect of the work of CSOs.

43. Digital technology had proven as a useful means for fundraising and for helplines during crisis, such as the recent COVID-19 pandemic.

C. Subtheme issue 3: Ensuring access to Universal Health Coverage (UHC), and fulfilment of universal access to SRHR information, education, and services.

Round 1: 29 Participants

Round 2: 26 Participants

i) Key challenges

44. The key barriers noted in accessing SRH services were health inequity, vulnerability, social exclusion, marginalization and multiple and intersecting forms of discrimination.

45. The challenge of the climate crisis and the risk of future pandemics highlighted the particular vulnerabilities of marginalized individuals.

46. Undocumented migrant workers in receiving countries experienced discrimination on a large scale and were unable to access public health services. In some countries, if migrant workers were infected with HIV, tuberculosis, or other diseases, they were arrested, detained, and deported due to the discriminatory health policies.

47. Additionally, discriminatory language and hate speech emerged as a key barrier for refugees and migrants, LGBT+ people, women human rights defenders and other marginalized groups.

48. In many countries in the region, persons with disabilities had limited access to sexual and reproductive health services due to misconceptions and a lack of information. Many public institutions such as hospitals, did not provide materials and services in sign language. It was noted that in many countries, sign language vocabulary itself did not include words for SRHR and gender-based violence. Data collection efforts often did not include categories for persons with disabilities which could result in further exclusion.

49. CSOs struggled with the lack of funding and the shrinking civil space due to a rise in conservatism in the region.

50. Deeply entrenched stigma and harmful cultural norms constituted barriers to the fulfillment of SRHR, and hindered individuals' access to accurate information and education, and ability to take informed decisions regarding SRH and fulfill the right to bodily autonomy. Moreover, the limited availability and in some cases complete lack of safe abortion services further exacerbated the challenges faced by individuals seeking reproductive healthcare, violating reproductive rights, which led to an increase in unsafe abortion.

51. Older persons faced challenges around limited access to public health services and a deterioration in their mental health.

ii) Good practices

52. Working closely with service providers at the community level proved successful in addressing the needs of persons with HIV/AIDS and in preventing its further spread.

53. Similar achievements had been made in empowering migrant communities by providing support, advocacy, and resources to them, enabling them to navigate the challenges they faced and to support them exercising their rights.

54. During the COVID-19 pandemic, local women's organizations had provided support to other women who faced sexual and gender-based violence, including domestic violence. They had also supported community-based networks in this regard.

55. Some Governments had addressed poverty through the implementation of income support programmes for households, which had a special focus on women. These programmes also provided increased access to education, loans, and other essential facilities.

56. Engagement with local governments and CSOs proved successful in addressing issues of concern to people in vulnerable situations.

57. In some countries in the Pacific, CSOs collaborated with clinicians to provide comprehensive training on SRHR. These trainings equipped clinicians with essential knowledge and skills to engage with patients in a meaningful, inclusive and culturally appropriate manner.

58. Ensuring accessibility to services, such as housing and other for persons with disabilities had been accomplished in some countries, but more work remained.

V. Final Recommendations

A. Subtheme 1: Women and girls in all their diversity, including SOGIESC and gender diverse persons

59. Media sensitization to LGBTQ+ people can contribute to a more positive portrayal of the community. Further efforts were needed to increase the representation of LGBTQ+ people in decision-making and law-making processes.

60. CSOs should continue to work with government representatives to implement SRHR and inclusive comprehensive sexuality education for LGBTQ+ people. Likewise, governments needed to strengthen partnerships with CSOs in the implementation of the Programme of Action and recognize the strong contributions of NGOs and Community Based Organizations (CBOs) in achieving the ICPD agenda.

61. Issues related to women living with HIV should not be discussed in silos. Efforts needed to be made to link these to SDGs and universal periodic reviews and national reporting.

62. The capacity of local CSOs, that work directly with communities, needed to be strengthened. Additionally, community initiatives needed to be supported and sustained.

63. Access to technology should be strengthened in rural areas, and an effort needed to be made to explore innovative approaches to reach out to remote communities.

64. Discriminatory policies directed at migrants and displaced persons in some receiving countries which criminalized migrant women and restricted their access to SRHR services must be abolished. Women migrants with unwanted pregnancies who were returned or deported to sending countries must be provided healthcare services in the countries of destination and origin.

B. Subtheme 2: Marginalized groups in conflict and humanitarian emergencies, natural disasters, and forced displacement.

65. Stronger linkages between local networks, NGOs and governments working in conflict and humanitarian emergencies, natural disasters and forced displacement were needed. Special programmes must address the needs of persons in vulnerable situations, and those exposed to multiple and intersecting forms of discrimination, including for example older persons, young people, women, people living with HIV or TB, migrants, and LGBTQ+ persons who are marginalized, and persecuted.

66. Multi-fold interventions were the most effective, marginalized communities needed to be included in the policy, programme planning and implementation process.

67. There was a need for more participatory research. Disaggregated data needed to be collected to understand the needs of marginalized communities. These efforts should include cooperation from governments, CSOs and marginalized communities.

68. Migrant workers were often the hardest hit group by crisis situations like COVID-19, countries needed to create crisis funds for rescue, relief and repatriation of stranded migrants during crisis.

C. Subtheme issue 3: Ensuring access to Universal Health Coverage (UHC), and fulfilment of universal access to SRHR information, education, and services.

69. A bottom-up approach was needed to address inequalities while remaining sensitive to local contexts.

70. The principle of "No one left behind" emphasized the inclusion and active participation of all individuals from the outset, ensuring that their voices and needs were considered in all parts of the planning, implementation, and decision-making processes.

71. It was needed to advocate for SRHR self-care and collective care, all of which were crucial in promoting overall well-being and resilience within communities. Self-care emphasized individual practices and strategies that prioritize physical, mental, and emotional health, within a framework of the three dimensions of self-management, self-testing and self-awareness.

72. Governments were called to build and enhance service systems that were friendly to marginalized groups and implemented interventions that address their needs. Also, health providers had to be made aware of the needs of these groups.

73. Technology should be adapted to ensure that information on sexual and reproductive health was available to persons with disabilities, such as persons using sign language.

74. To share information on SRHR, evidence-based, positive and reaffirming communication could be used.

75. Comprehensive systems and measures should be developed that would safeguard the rights and well-being of migrant workers and ensure their inclusion in society. Moreover, safeguards should be in place to prevent discrimination and abuse of persons in vulnerable situations during future pandemics.

76. A continuous effort was needed to ensure accessibility to safe abortion services. Additionally, there should be CSE and SRHR education through life-long learning at all levels of schools and society.

77. A life cycle approach to health should be adopted, and there should be a continuum of health services at all stages of life.

D. Keynote Address: Ms. Khawar Mumtaz, Shirkat Gah

75. Healthcare including SRHR should be recognized as a right under constitutions and as a key component of primary healthcare services.

79. Implementation of universal health coverage (UHC) was very important. The specific barriers women, girls, gender-diverse people and marginalized groups faced while accessing services, medicines, and financial risk protection must be addressed.

80. It is crucial to include gender transformative SRHR in health policies and services.

81. Essential services packages which specifically include comprehensive sexual and reproductive needs must be provided.

82. A gender perspective and gender analysis must be applied to existing laws, policies and programme implementation.

83. Climate change and natural disaster relief plans needed to include safe places stocked with products for SRH needs, contraceptives, emergency care for pregnant women and services for all people including transgender and disabled people and children.

E. Plenary

84. The rapporteurs of the three working groups, Ms. Lady Lisondra, Mr. Faisal Shabir and Mr. Bilal Ahmed, provided a summary of their respective subtheme discussions.

85. During the Q&A, one participant highlighted the importance of reimagining the economic system to benefit local communities.

86. Older persons were identified as an important group to highlight, especially as population ageing was increasing in the region. Participants underscored the importance of a life cycle approach and called to focus on improving mental health programmes for all vulnerable persons.

87. Migrants and youth were also recognized as important groups and their needs were cross-cutting and required additional attention in the region.

88. It was reiterated that public investments in health and social protection systems had to be increased. In particular, there was need to invest in universal access to health and strategies and to provide comprehensive SRHR for all women and girls, especially those in vulnerable situations. Moreover, participants stated that SRH services should be viewed as a continuum, avoiding compartmentalization.

VI. Closing

89. Ms. Sabine Henning, Chief, Sustainable Demographic Transition Section, Social Development Division, ESCAP highlighted the importance of stakeholder consultations in the context of regional and global conferences on population and development. It was important to discuss the many priority actions of the APMD, but also focus on the intersectionality between the areas.

90. She thanked the moderators, speakers and all other stakeholders for participating in the consultation, including in the group discussions, as well as ESCAP and UNFPA colleagues.

VII. Notes and Next Steps

91. The consultation was the first in a series of four consultations with stakeholders. The second consultation on Achieving Climate Justice for Sustainable Development in Asia and the Pacific would be held on 26 July 2023.

92. The concept note, agenda, presentations and report for all four consultations would be uploaded onto the ESCAP website at: <https://www.unescap.org/events/2023/seventh-asian-and-pacific-population-conference>

[1] Seventh APPC CSO Steering Committee: Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), Asia Pacific Mission for Migrants (APMM), Asian-Pacific Resource and Research Centre for Women (ARROW), Caram Asia, Development Alternatives with Women for a New Era (DAWN),, HelpAge, International Community of Women Living with HIV Asia Pacific (ICWAP), IPPF ESEAOR, IPPF SARO, Pacific Feminist SRHR Coalition, Women's Global Network for Reproductive Rights (WGNRR), Y-Peer Asia Pacific, YouthLEAD.

TENTATIVE PROGRAMME

Time	Details
10:30-11:00	<i>Participants join virtual meeting</i>
11:00-11:35 35 mins	<p>Welcome and opening: 7th APPC Steering Committee member (TBC)</p> <p>Moderator: Nalini Singh, Fiji Women's Rights Movement, Fiji</p> <ul style="list-style-type: none"> • Keynote speech: Khawar Mumtaz, Shirkat Gah, Pakistan • Youth reflections: Sangeet Kayastha, YPeer Asia Pacific, Thailand • Welcome: Madu Dissanayake, Regional Programme Specialist a.i., UNFPA APRO <p><i>Participants allocated to working groups - Introduction to working group topics and speakers</i></p>
11:35-12:20 45 mins	<p>Working groups – Round 1²</p> <p>Working group 1</p> <p>Topic: Women and girls in all their diversity, including SOGIESC and gender diverse This sub-theme will focus on inequalities, multiple and intersecting forms of discrimination and exclusion faced by women and girls, adolescents, older persons, migrant persons, LGBTQ+, intersex persons, persons with disabilities, non-neurotypical women, women and girls in poverty. Indigenous people, ethnic minorities, sex workers, and other socially marginalized groups, rural and urban poor, people living with TB and/or HIV.</p> <ul style="list-style-type: none"> • Moderator: Harjyot Khosa, IPPF SARO, India • Resource person: Shirin Akhter, chairman, Women with Disabilities Development Foundation Bangladesh, (WDDF) • Rapporteur: Lady Lisondra, IPPF ESEAOR, Malaysia <p>Working group 2</p> <p>Topic: Marginalised groups in conflict and humanitarian emergencies, natural disasters and forced displacement</p> <p>This sub-theme will discuss the structural inequalities, multiple and intersecting forms of discrimination and exclusion faced by marginalized communities in conflict and humanitarian emergencies, natural disasters and forced displacement, including women and girls in all their diversity, SOGIESC, and gender diverse persons, migrant persons, refugees, older persons, persons displaced in the context of climate crises and other contexts, person living in urban, rural, maritime and remote communities, including those living in climate frontlines and small island states.</p> <ul style="list-style-type: none"> • Moderator: Rey Asis, Asia Pacific Migrant Mission, Hong Kong, China /Priveetha, CARAM Asia, Malaysia • Resource person: Eni Lestari, International Migrants Alliance, Indonesia • Rapporteur: Faisal Shabbir, IPPF SARO, India

² The same clusters of objectives will be discussed in round 1 and 2 of the consultation.

	Working group 3 Topic: Ensuring access to Universal Health Coverage (UHC), and fulfillment of universal access to SRHR information, education and services This topic will focus on the issue of equity and access of marginalized groups to Universal Health Coverage including SRHR services, and the fulfillment of SRHR for all in Asia and the Pacific. <ul style="list-style-type: none"> • Moderator: Marevic Parcon, Women’s Global Network for Reproductive Rights, Philippines • Resource person: Shama Karkal, Swasti Health Catalyst, India • Rapporteur: Bilal Ahmed, SPEAK Trust, Pakistan
12:20-12:25 5 mins	<i>Participants allocated to working groups (repeat working groups)</i>
12:25-13:10 45 mins	Working groups – Round 2 Working groups as above
13:10-13:15 5 mins	Break
13:15-13:50 35 mins	Plenary: Highlights, challenges and recommendations <ul style="list-style-type: none"> • Moderator: Nalini Singh, Fiji Women’s Rights Movement, Fiji • Rapporteur Working Group 1: Lady Lisondra, IPPF ESEAOR, Malaysia • Rapporteur Working Group 2: Faisal Shabbir, IPPF SARO, India • Rapporteur Working Group 3: Bilal Ahmed, SPEAK Trust, Pakistan
13:50-14:00 10 mins	Closing and next steps <ul style="list-style-type: none"> • Moderator: APPC Steering Committee Member (TBC) • Closing and next steps: Sabine Henning, Chief, Sustainable Demographic Transition Section, Social Development Division (UN ESCAP)

LIST OF PARTICIPANTS

STAKEHOLDER ORGANIZATIONS

Asian-Pacific Resource and Research Centre for Women (ARROW)

Aahung

ASEAN LBQ Network

Asia Pacific Refugee Rights Network (APRRN)

Awaj Foundation

Babushka Adoption Foundation

Beyond Beijing Committee

Blue Diamond Foundation

BRAC

Caram Asia

CCIHP

Center for Reproductive Rights

CommonHealth | Restless Development

Development Welfare and Research Foundation

Family Planning NSW

Fòs Feminista

Foundation for Older People's Development (FOPDEV)

G3ict (ICT standards and accessibility) India

GRAVIS

HelpAge Korea

Hope for Women

ICPD 30 Youth Forum

ICPD30 Asia-Pacific Regional Youth Group

ILAW Shared Community

International Community of Women Living with HIV, Asia Pacific ICW-AP

IPAS Nepal

IPPF ESEAOR

IPPF SARO

Japanese Organization for International Cooperation in Family Planning (JOICFP)

Likhaan

Maguindanao Alliance of Youth Advocates

Mamamiso

MONFEMNET National Network

PA Women's organization Alga

Peace Trust – Peace on Earth

People's Education for Action and Community Emancipation (Peace) Trust

RHAC

RHRN2

Saksham Trust

Samsara

Shirkat Gah – Women's Resource Centre

South Asian Disability Forum (SADF)/Special Talent Exchange Program (STEP)

Swasti

Tarangini Foundation

TARSHI

Tsao Foundation

Udyama

Upfront

Women Deliver

Women's Global Network for Reproductive Rights: (WGNRR)

Women's Rehabilitation Center (WOREC Nepal)

YPeer Asia Pacific Center

Young Advocates for SRHR

Youth Advocacy Network Sri Lanka

Zhongshan College of Vocation and Technology

PRESENTERS

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Rey Asis, Asia Pacific Mission for Migrants (APMM)

Sangeet Kayastha, YPeer Asia Pacific Center

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SECRETARIAT

Social Development Division, ESCAP

UNFPA Asia and Pacific Regional Office