



Third Stakeholder Consultation for the Seventh Asian and Pacific Population Conference

Universal Access to Sexual and Reproductive Health and Rights (SRHR) in Asia and the Pacific: equality, quality and accountability

Thursday, 17 August 2023 (11:00-14:00 UTC+7) Online (Zoom)

AGENDA (15 August 2023)

Time	Details
10:30-11:00	Participants join virtual meeting
11:00-11:35 35 minutes	 Welcome and opening Moderator: Alexandra Johns, Asia Pacific Alliance for Sexual and Reproductive Health and Rights Keynote speech: Sivananthi Thanenthiran, Executive Director, ARROW (15 minutes) Youth reflections: Pacific Disability Forum (5 minutes) Welcome: Srinivas Tata, Director, Social Development Division, UN ESCAP and Sabine Henning, Chief, Sustainable Demographic Transition Section, Social Development Division, UN ESCAP (10 mins)
11:35-12:20	Participants allocated to working groups - Introduction to working group topics and speakers. Participants pre-allocated working groups by UN ESCAP Working groups - Round 1 ¹
45 minutes	Working group 1 Topic: Sexual and Reproductive Rights & Justice. • Moderator: Marevic Parcon, Women's Global Network for Reproductive Rights • Resource person: Ikka Noviyanti, YouthLEAD • Rapporteur: Riju Dhakal, ARROW This sub-theme will focus on sexual and reproductive rights and achieving justice in Asia and the Pacific. Violations of sexual and reproductive rights are often due to deeply ingrained beliefs and harmful societal values pertaining to sexuality and SOGIESC, disproportionately impacting women, young people and gender diverse persons across the region. Achieving sexual and reproductive rights and bodily autonomy entails respect for expression of sexuality and SOGIESC, and decriminalization of adult consensual behaviors, and sex work. A rights-based approach places a focus on

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

eliminating sexual and gender-based violence (SGBV) and harmful practices such as early and child forced marriage and female genital mutilation, and involuntary or forced sterilization. Harmful and negative gender stereotypes also impact the issue of infertility, and who is understood to be 'desirable' in terms of forming a family and who is counted as having fertility problems.

A rights based approach involves uncovering and addressing multiple and intersecting forms of discrimination based on age, sex, SOGIESC, location, economic class, gender, ethnicity, religion, minority status, and disability amongst other aspects. By incorporating principles of **equality**, the discussions in this sub theme will harness recommendations for the achievement of sexual and reproductive justice in the region, and will address the following questions:

- Who are excluded and how do we ensure inclusion and meaningful participation
 of communities, in particular those facing multiple and intersecting forms of
 discrimination, to ensure principles of equality for achieving sexual and
 reproductive rights and justice?
- What are the biggest gaps, and emerging issues in sexual and reproductive rights and justice for the region?
- What are the opportunities/best practices to address sexual and reproductive rights and justice, and advance equality?
- How can we learn from/ advance sexual and reproductive rights and justice as we recover from COVID? What are the social and healthcare reforms we want to take forward?
- Recommendations for the way forward

Working group 2

Topic: Access and inclusion of SRHR in UHC

- Moderator: Rey Asis, Asia Pacific Mission for Migrants
- Resource person: Harjyot Khosa, IPPF SARO
- Rapporteur: Bilal Ahmed, SPEAK Trust

Strong health systems are needed to ensure equitable and universal **access** to quality healthcare, with a focus on SRHR. Marginalized groups in particular face intersecting forms of discrimination and structural barriers to accessing UHC and the fulfillment of their SRHR. At the same time, SRHR selfcare, which includes self-management, self-testing, and self-awareness,² places decision-making directly into the hands of people and integrating it into UHC can reduce the current burden placed on healthcare systems, improving health outcomes and at the same time helping government achieve their commitments to UHC³.

This sub-theme will discuss recommendations for achieving self-care for SRHR in Asia and the Pacific and thus access to quality healthcare, and will address the following questions:

- Who are excluded and how do we ensure inclusion of communities' equitable and universal access to quality healthcare, in particular SRHR, for those facing multiple and intersecting forms of discrimination?
- What are the biggest gaps, and emerging issues in SRHR self-care for the region?

² WHO Consolidated Guideline on Self-Care Interventions for Health Sexual and Reproductive Health and Rights, available at https://apps.who.int/iris/bitstream/handle/10665/325719/WHO-RHR-19.14-eng.pdf?ua

³Agenda 2030, the Political Declaration on UHC, and International Conference on Population and Development (ICPD) Programme of Action

- What are the opportunities/best practices to address access to UHC and SRHR self-care, and advance the voice and agency of marginalized groups?
- How can we learn from/advance self-care and access to SRHR in UHC as we recover from COVID?
- Recommendations for the way forward

Working group 3

Topic: Sexual and reproductive health services, information and education for all

- Moderator: Nurmajdina Abdullah, IPPF ESEAOR
- Resource person: Abhina Aher, APCOM (TBC)
- Rapporteur: Lady Lisondra, IPPF ESEAOR

This sub theme will focus on the achievement of access to **quality** health services, information and education for all. Quality SRHR services are defined within the framework of available, affordable, accessible, **acceptable** and quality, and taking a lifecourse approach. An essential and comprehensive package of SRH services includes contraceptive services, maternal and newborn care, and prevention and treatment of HIV/AIDS and STIs; comprehensive sexuality education; safe abortion care; prevention, detection and counseling for gender-based violence; prevention, detection and treatment of infertility and cervical cancer; and counseling and care for sexual health and well-being⁴, access to hormone therapy, and support to use assisted reproductive technology.

Comprehensive sexuality education (CSE) aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives ⁵. While most countries in the region have some form of sexuality education, it is often not comprehensive, and it is unevenly implemented.

This sub theme will discuss recommendations for access to **quality** health services information and education, including emerging opportunities such as digital health interventions and assisted reproductive technologies, and will address the following questions:

- Who are excluded and how do we ensure inclusion and access of communities, in particular those facing multiple and intersecting forms of discrimination, to quality SRH services, information and education that is available, affordable, accessible, and acceptable?
- What are the biggest gaps, and emerging issues in SRH services, information and education, including comprehensive sexuality education (CSE) for the region?
- What are the opportunities/best practices to address quality SRH services, information, education, (including CSE) and advance the voice and agency of marginalized groups?
- How can we learn from/advance as we recover from COVID?
- Recommendations for the way forward

⁴Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission (2018) available at https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf

⁵ UNESCO (2018) International technical guidance on sexuality education. P16 available at https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf

Working group 4 Topic: Policies, Governance, Financing for SRHR Moderator: Musarrat Perveen, CARAM Asia Resource person: Faustina Pereira and Prabina Bajracharya, Center for Reproductive Rights Rapporteur: Caecilia Roth, FP NSW This sub theme will uncover the role of policies, governance and financing in ensuring accountability for the achievement of SRHR for all. The political environment impacts whether countries advocate for, ignore, or do not provide access to SRHR, including national policies and legislation with a global impact. All forms of reproductive coercion violates human rights. Examples of harmful laws include those that restrict women's and adolescents' access to health services by requiring third-party authorisation, laws that require service providers to report personal information (breaching patient confidentiality), and laws that criminalize same-sex relationships or access to safe abortion services. It is important to strategize opportunities to work and partner with health sector trade unions. Finally, there is a need to address high out of pocket expenditures which unfairly impact marginalized communities, and commit budget allocation to ensure the availability, affordability, acceptability, acceptability and quality SRHR for all. Health sector reforms upholding the right to health should inform policies, governance and health financing. This subtheme will discuss the way forward with recommendations to strengthen policy. governance and financing related to SRHR, and will address the following questions: Who are excluded and how do we ensure the inclusion and needs of communities, in particular those facing multiple and intersecting forms of discrimination, and ensure **accountability for** SRHR policies, governance and finance? What are the biggest gaps, and emerging trends regarding SRHR policies and governance in the region? What are the opportunities/best practices to ensure accountability, and advance the voice and agency of marginalized groups? How can we learn from/advance SRHR policies, governance and financing as we recover from COVID? 12:20-12:23 Participants allocated to working groups (repeat working groups) 3 minutes 12:23-13:00 Working groups - Round 2 35 minutes Working groups as above 13:00-13:20 Break 20 minutes 13:20-13:50 Plenary: Highlights, challenges and recommendations 30 minutes Moderator: Alexandra Johns, Asia Pacific Alliance for Sexual and Reproductive Health and Rights Rapporteur Working Group 1: Riju Dhakal, ARROW Rapporteur Working Group 2: Bilal Ahmed, SPEAK Trust, Pakistan Rapporteur Working Group 3: Lady Lisondra, IPPF ESEAOR, Malaysia Rapporteur Working Group 4: Caecilia Roth, FP NSW 13:50-14:00 Closing and next steps 10 mins Closing and next steps: Madu Dissanayake, Regional Programme Specialist a.i., **UNFPA APRO**