Economic and Social Commission for Asia and the Pacific
Seventh Asian and Pacific Population Conference
Bangkok and online, 15–17 November 2023
Items 2 and 3 of the provisional agenda*

Review of progress made towards the implementation of the Asian and Pacific Ministerial Declaration on Population and Development, as well as of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation in Asia and the Pacific

Thematic discussion on achievements, challenges, gaps and emerging issues in the implementation of the Asian and Pacific Ministerial Declaration on Population and Development, as well as of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation in Asia and the Pacific

Implementation of the Asian and Pacific Ministerial Declaration on Population and Development, as well as of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation in Asia and the Pacific: a summary of the outcomes of stakeholder consultations**

Summary

This paper summarizes the outcomes of four stakeholder consultations organized in preparation for the Seventh Asian and Pacific Conference, to be held in Bangkok and online from 15 November to 17 November 2023. It reflects stakeholder views on the status of implementation of the Asian and Pacific Ministerial Declaration on Population and Development; it also provides recommendations for its further implementation and examples of good practice.

Stakeholder consultations were facilitated by the Economic and Social Commission for Asia and the Pacific in collaboration with the United Nations Population Fund. An inclusive process was adopted to cover all 11 priority actions of the Ministerial Declaration on Population and Development. Moreover, emerging issues – such as the COVID-19 pandemic, climate change, food and technology – were discussed throughout the consultations. Gender considerations were mainstreamed.

The paper is intended to inform deliberations during the Seventh Asian and Pacific Population Conference.

* ESCAP/APPC(7)/1/Rev.1.
** The present document is being issued without formal editing.
I. Introduction

1. In 1994, United Nations Member States adopted the Programme of Action of the International Conference on Population and Development in Cairo, Egypt. The Programme of Action, which in 2010 was extended by the General Assembly beyond 2014 (resolution 65/234), takes a people-centred and rights-based approach to sustainable development. It emphasizes that achieving sustainable development requires that interrelationships between population, resources, the environment, and social and economic development are fully recognized, properly managed and brought into a harmonious and dynamic balance. Population dynamics are both drivers and outcomes of sustainable development at national and subnational levels, but also at regional and global levels. To achieve sustainable development and a higher quality of life for all people, policies, including population-related policies, should be developed and implemented in order to meet the needs of current generations without compromising the needs of future ones.

2. The Seventh Asian and Pacific Population Conference is being organized by the Economic and Social Commission for Asia and the Pacific (ESCAP), in collaboration with the United Nations Population Fund (UNFPA), from 15 to 17 November 2023. The intergovernmental meeting coincides with the 60-year commemoration of the first Asian Population Conference, which was held in 1963 in New Delhi, India, the 30-year review of the Programme of Action of the International Conference on Population and Development, and the 10-year anniversary of the adoption of the 2013 Asian and Pacific Ministerial Declaration on Population and Development. It also marks the half-way point of the 2030 Agenda for Sustainable Development. The Conference will provide the Asia-Pacific input to the global review of the Programme of Action of the International Conference on Population and Development, which will take place at the fifty-seventh session of the Commission on Population and Development in 2024.

3. The Asian and Pacific Ministerial Declaration on Population and Development called for creating effective partnerships among key stakeholders, including Governments, community based organizations, civil society, the not for-profit sector and the private sector, as well as coordination mechanisms for the implementation of the Programme of Action of the International Conference on Population and Development, the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development and the recommendations of the Ministerial Declaration. It also called for the creation of an enabling environment for the participation of civil society and community-based organizations, and increased space for constructive dialogue at the local, national, and regional levels.

4. As part of this process, the Seventh Asian and Pacific Conference on Population and Development Civil Society Organization Steering Committee, with support from ESCAP and UNFPA organized four stakeholder consultations on the priority issues of the Ministerial Declaration.

5. The present document summarizes the outcomes of these consultations held from June to September 2023 as part of the preparatory process and lead-up to the Seventh Asian and Pacific Population Conference. Reports of the consultations are available on this website: www.unescap.org/events/2023/seventh-asian-and-pacific-population-conference.
II. Process of stakeholder engagement

6. With input from UNFPA and other United Nations entities, ESCAP compiled a list of stakeholders to be invited to the stakeholder consultations. The list also built on similar lists that were developed for the Sixth Asian and Pacific Population Conference and other intergovernmental meetings on social development held at ESCAP. The list sought to balance stakeholders by geography, gender and area of work. Persons with lived experience are also included in the list.

7. The stakeholder consultations were co-designed and implemented by a team of stakeholders led by the Seventh Asian and Pacific Population Conference Civil Society Organization Steering Committee, ESCAP and UNFPA. All of the consultations were held virtually.

8. The purpose of the stakeholder consultations was to facilitate and expand collaboration and participation in preparation for the Seventh Asian and Pacific Population Conference, and in particular to elicit stakeholder experiences and views around the review objectives, namely:

   (a) Take stock of the overall progress of implementation of the Asian and Pacific Ministerial Declaration and the International Conference on Population and Development Programme of Action in Asia and the Pacific to date;

   (b) Identify key challenges, opportunities, gaps, and prevalent and emerging issues;

   (c) Identify established and emerging good practices and lessons learnt;

   (d) Identify resource requirements and capacity building needs;

   (e) Formulate recommendations.

9. Prevalent and emerging issues – such the coronavirus disease (COVID-19) pandemic, food, climate change and technology – were discussed throughout the consultations. Gender considerations were mainstreamed.

10. To ensure a whole-of-society approach and active engagement, and to facilitate open and frank discussions, the Chatham House Rule was followed, with participants free to use the information received but the identity or the affiliation of the speaker(s), or of any other participant, not being revealed.

11. All consultations addressed the following guiding questions with regard to the implementation of the Asian and Pacific Ministerial Declaration on Population and Development, with a focus on the preceding ten years:

   (a) What were the main achievements, good practices and lessons learned?

   (b) What were the remaining challenges?

   (c) How had COVID-19, climate change and information and communications technology affected the achievement of the priority issues?

12. The four consultations consisted of opening sessions, followed by rounds of working groups and concluding with plenary sessions to refine the recommendations elicited in the working groups.
13. The first consultation was held on 21 June 2023 on the topic Addressing Human Rights, Intersecting Forms of Discrimination and Exclusion: Leaving No One Behind in Sustainable Development.

14. The second consultation was held on 26 July 2023 on the topic Achieving Climate Justice in Asia and the Pacific.

15. The third consultation was held on 17 August 2023 on the topic Universal Access to Sexual and Reproductive Health and Rights in Asia and the Pacific: Equality, Quality and Accountability.

16. The fourth consultation was held on 12 September 2023 on the topic Regional Cooperation, Accountability and Modalities for Implementation of Actions on Population and Sustainable Development in Asia and the Pacific.

17. The informal and non-exhaustive summary reports were issued after each consultation and posted on the website of the Seventh Asian and Pacific Population Conference: www.unescap.org/events/2023/seventh-asian-and-pacific-population-conference. The following summary is based on these summary reports.

III. Outcomes of stakeholder engagement

18. In all four consultations, stakeholders noted that there had been progress in implementation of the Asian and Pacific Ministerial Declaration, even though it had been uneven, and many challenges remained. The COVID-19 pandemic and climate change crises had exacerbated existing vulnerabilities.

19. Regardless of the priority area, participants noted successful interventions by civil society organizations and governments that utilized intersectional and rights-based approaches. Digital platforms and technology had been harnessed during the COVID-19 pandemic and many countries had introduced laws and policies that protected the rights of marginalized groups.

20. There were several examples shared of exclusion and discrimination of marginalized groups, notably: women; young people; persons with diverse sexual orientations and gender identities; sex workers; migrants; older persons; and people living with HIV, among others. Participants noted that individuals could face multiple levels of discrimination.

21. Stakeholders stressed the importance of sexual and reproductive health and rights and the interconnectedness with other issues such as climate change, gender equality and migration. They urged governments to ensure all citizens were able to fulfil the highest level of sexual and reproductive health and rights. Moreover, the highlighted the importance of access to integrated quality sexual and reproductive health services.

22. Participants noted that the voice of civil society should play a vital role in the Seventh Asian and Pacific Population Conference, expressing concern over shrinking civic space and civil society participation.

23. The following summarizes the specific challenges, good practices and recommendations from each consultation and reflects the inputs from stakeholders.
A. Addressing human rights, intersecting forms of discrimination and exclusion: Leaving no one behind in sustainable development

24. The first consultation was held on 21 June 2023. The title of the consultation was Addressing Human Rights, Intersecting Forms of Discrimination and Exclusion: Leaving No One Behind in Sustainable Development. There were three sub-themes which were discussed during breakout sessions:

(a) Women and girls in all their diversity, including sexual orientation, gender identity, gender expression and sex characteristics and gender diverse persons;
(b) Marginalized communities living in conflict and humanitarian settings, and natural disasters;
(c) Ensuring access to universal health coverage, and fulfilment of universal access to sexual and reproductive health and rights information, education, and services for all.

25. A total of 86 stakeholders, representing 21 countries in Asia and the Pacific, attended the consultation. Participants came from a broad range of communities as well as sectors including academia, civil society and the private sector. There was a balance of gender and regional representation among participants.

26. Participants identified, among others, the following challenges:

(a) The key barriers in accessing sexual and reproductive health services were health inequity, vulnerability, social exclusion, marginalization, and multiple and intersecting forms of discrimination;
(b) Multiple crises had deepened inequalities and disrupted access to basic services, including sexual and reproductive health services. This had resulted in an increased risk of sexual and gender-based violence, maternal mortality, early and unintended pregnancy, female genital mutilation and human trafficking;
(c) Women and girls faced additional challenges in conflict settings including an increased burden of unpaid care work, early and forced marriage, and loss of work, educational opportunities and livelihoods;
(d) Persons in vulnerable situations faced specific challenges and barriers with regard to access to services; there were also intersectionalities related to marginalization. Some people faced multiple levels of discrimination due to their diverse and intersecting identities based on gender, age, sexual orientation and legal status;
(e) Migrants, refugees and displaced persons were excluded from existing labour laws and social protections systems, as well as the right to unionize;
(f) Migrant women faced the risk of being arrested and deported when becoming pregnant or infected with HIV/AIDS, often with limited access to justice, medical care and counselling, which in turn limited their access to safe abortion;
(g) Migrant women who were married to local nationals often faced challenges of being fully dependent on their spouses with regards to social protection and other benefits, which created additional vulnerabilities and often led to them living in abusive situations;
(h) Older persons' needs in conflict and humanitarian settings were often overlooked, in particular with regard to sanitation, nutrition and health care;

(i) Persons with disabilities often had difficulties accessing support provided by governments in conflict settings due to limited documentation on their situation; thus, they depended on civil society support in such settings;

(j) In some countries in the region, school dropout rates for children remained high, which affected their prospects for employment;

(k) Persons with diverse sexual orientation and gender identities faced legal challenges with regards to marriage and obtaining official documents. In some cases laws were used to harass and imprison transgender individuals;

(l) Women living with HIV were exposed to a high risk of violence and laws that criminalized them for their HIV status. The lack of decision-making power impacted their sexual reproductive health, and rights and sometimes led to unintended pregnancies;

(m) Women with disabilities living with HIV had difficulties accessing sexual and reproductive health and rights information;

(n) There was a lack of data and reporting around gender-based violence against persons with different sexual orientation and gender identities, and these cases often went unreported due to the fear of harassment from law enforcement officials;

(o) In some countries, religion and traditional beliefs continued to influence taboos around certain topics, including on sexual and reproductive health and rights; the rise in religious fundamentalism in some countries restricted women's choices;

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

Stakeholders also pointed out that Governments in the region had developed the following good practices, and civil society had supported the implementation of the Ministerial Declaration:

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

(b) Empowering groups in vulnerable situations was an important aspect of the work of civil society organizations, including sharing information on work and housing with displaced persons;

(c) Good practices were cited to increase access to clean water, and to address high food prices and access to education, such as building water tanks near communities in rural areas, providing gardens to grow vegetables and providing bicycles for girls to help them go to school;

(d) Many women throughout the region had started new businesses from home during the COVID-19 pandemic;

(e) Engagement with local governments and civil society organizations had proved successful in addressing issues of concern to people in vulnerable situations;
Successful public awareness raising campaigns had led to gradual increases in wages for domestic workers;

Examples of government policies improving the status of migrant workers were cited, such as providing migrants with permanent residency and adequate compensation;

In some countries in the region, people with diverse sexual orientation or gender identities had experienced positive recognition by being presented in a positive way in the media;

Digital technology had proven a useful means for fundraising and for helplines during crises, such as during the recent pandemic;

Working closely with service providers at the community level had proved successful in addressing the needs of people living with HIV and in preventing its further spread. Additionally, some civil society organizations in the Pacific had collaborated with clinicians to provide comprehensive training on sexual and reproductive health and rights. These trainings had equipped clinicians with essential knowledge and skills to engage with diverse patients in a meaningful, inclusive and culturally appropriate manner;

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.

Participants at the stakeholder consultation recommended the following actions:

(a) Collaboration between governments and civil society organizations should continue to advance the implementation of the Programme of Action and the Ministerial Declaration in their entirety, and particularly with a focus on sexual and reproductive health and rights, and inclusive comprehensive sexuality education;

(b) The principle of "Leaving no-one behind" should be fully utilized, ensuring inclusion and active participation of all individuals using a bottom-up approach and considering their voices and needs in all parts of planning, implementation and decision-making processes, while being mindful of local context;

(c) There should be stronger linkages between local networks, non-government organizations and governments working in conflict and with regard to humanitarian emergencies, natural disasters and forced displacement;

(d) Efforts were needed to increase the representation of marginalized groups in decision-making and law-making processes;

(e) Issues related to women living with HIV should not be discussed in silos. Efforts should be made to link these to Sustainable Development Goals and periodic global and regional reviews and national reporting;

(f) The capacity of local civil society organizations working directly with communities, needed to be strengthened. Additionally, community initiatives needed to be supported and sustained;

(g) Access to technology should be strengthened in rural areas; particular efforts were needed to explore innovative approaches to reach out to remote communities;

(h) Policies on migrants should be in line with international human rights standards, particularly with regards to providing universal access to health care and sexual and reproductive health services;
(i) Migrant workers were often among the most affected groups in crisis situations like the COVID-19 pandemic; therefore, the establishment of crisis funds for rescue, relief and repatriation of stranded migrants during crises were needed;

(j) There was a need for more participatory research and the collection of disaggregated data to understand the needs of marginalized communities;

(k) It was important to apply a gender transformative approach to achieve gender equality and sexual and reproductive health and rights when developing and implementing health policies and services;

(l) Essential health services packages should include comprehensive sexual and reproductive health services;

(m) A gender perspective and gender analysis should be applied to existing law, policy and programme implementation;

(n) It was important to advocate for sexual and reproductive health and rights, self-care and collective care, all of which were crucial in promoting overall well-being and resilience within communities;

(o) Technology should be adapted to ensure the availability of information on sexual and reproductive health and rights for persons with disabilities, such as persons using sign language;

(p) To share information on sexual and reproductive health, communication should be rights- and evidence-based, positive and reaffirming;

(q) Comprehensive systems and measures to safeguard the rights and well-being of migrant workers and ensure their inclusion in society should be developed;

(r) A continuous effort was needed to ensure accessibility to safe abortion services. Additionally, there should be comprehensive sexuality education and sexual and reproductive health and rights education through life-long learning in all schools and at all levels of society;

(s) A life course approach to health should be adopted, and there should be a continuum of health services at all stages of life;

(t) There was an urgent need to achieve universal health coverage. The specific barriers women, girls, gender-diverse people and marginalized groups faced in accessing services and medicines should be removed, while measures to ensure financial risk protection should be expanded;

(u) Climate change and natural disaster relief plans needed to include safe places stocked with products for sexual and reproductive health needs, contraceptives, emergency care for pregnant women and services for all people, including transgender people and persons with disabilities and children.

B. Achieving climate justice for sustainable development in Asia and the Pacific

29. The second consultation was held on 26 July 2023. The title of the consultation was Achieving Climate Justice for Sustainable Development in Asia and the Pacific. There were four sub-themes which were discussed during breakout sessions:

(a) Climate justice, gender justice and sexual and reproductive health and rights;
30. A total of 105 stakeholders, representing 22 countries in Asia and the Pacific, attended the consultation. Participants came from a broad range of communities and sectors including academia, civil society and the private sector. There was a balance of gender and regional representation among participants.

31. Participants identified, among others, the following challenges:

(a) Climate change and an increase in environmental disasters were impacting people across the region. The increased severity of cyclones and change in rainfall patterns threatened agriculture, and there was a rise in displacement due to climate change and armed conflict;

(b) Structural inequality, such as life-long inequalities faced by women and girls, were exacerbated in times of climate and humanitarian crises, where women and girls were disproportionately affected. Additionally, women often served as primary caregivers and bore the burden of ensuring access to food, water and electricity, including during crises. Women were often left behind in disaster responses, particularly in agricultural and fishing communities;

(c) Women and girls, low-income households, ethnic minorities and gender-diverse individuals, sex workers, indigenous communities, migrant women, women living with HIV, older women and women with disabilities were more vulnerable to the impacts of disasters. These individuals and groups were often excluded from climate and gender justice and frequently lacked access to services, including sexual and reproductive health services, shelter and safety and security;

(d) During the COVID-19 pandemic, government relief packages were distributed to marginalized groups such as women and children; however, gender-diverse persons, sex workers and migrants were often excluded;

(e) There was a lack of data on the impact of climate change on marginalized communities. It was not enough to call for gender disaggregated data; programmes focusing on data collection often did not collect data on people with diverse sexual orientation and from transgender communities;

(f) There was little attention paid to how climate change had affected older persons;

(g) Urban slum communities were often left behind in climate change discussions and their needs, such as access to sanitation, menstrual products and contraception, were often ignored. This had exacerbated gender and class inequalities;

(h) Families of migrant workers who had been left behind were highly vulnerable during climate-related crises;

(i) Refugees, asylum seekers and migrants who were not citizens of the countries of destination had often experienced climate injustice in these countries;
Safe water had become scarce around the region, which had affected maternal health, menstrual hygiene and access to other sexual and reproductive health services;

Harmful myths, such as the linkages between population growth and the climate crisis, still prevailed in the region, despite being challenged and disproven;

In some countries, controlling fertility had been identified as a “solution” to climate change, to mitigate the impact of population growth on the environment. Concern was raised over pronatalist policies that attempted to reverse fertility trends;

There was limited participation of women in policymaking and decision-making positions in taskforces and in disaster and risk reduction strategies;

Funding to support climate change mitigation or adaptation measures had been viewed too narrowly, neglecting the interconnectedness of issues.

Countries in the region had developed the following good practices that supported implementation of the Ministerial Declaration:

Several Governments had adopted disaster risk management laws that emphasized the involvement of women, young people and other persons in vulnerable situations in disaster response and preparedness. Additionally, local governments were required to create councils to develop disaster response and preparedness with community-based organizations;

There were successful examples of water banking which were adopted by community women and had led to a reduction in the severity of heat waves. To address the needs of older persons, accessible water tanks were created. Each tank could fill enough clean water to last 5 to 6 months;

Several civil society organizations were collaborating with local governments in climate responsive planning;

Several civil society organizations were working with communities in remote areas to ensure no groups were left behind;

Some governments had established community centres for groups in vulnerable situations affected by climate change; these centres served as dedicated safe spaces to access information and services;

There were instances where gender and sexual and reproductive health, and rights issues had been integrated into climate change response strategies;

In several countries, civil society organizations were successfully working with governments to ensure that sexual and reproductive health needs of women and girls were integrated into local disaster responses;

Stakeholders had debunked myths on climate change prevalent in the community by sharing facts and narratives highlighting bodily autonomy;

Initiatives that focused on intersectionality when linking sexual and reproductive health and rights to climate change were found to be successful;
 Civil society organizations had provided a range of services, including health care to populations in vulnerable situations, and they had ensured local disaster responses included sexual and reproductive health services in the minimum initial service packages;

Civil society organizations had generated evidence from research to support utilizing an intersectional approach and had worked with governments in updating climate change action plans.

33. Participants at the stakeholder consultation recommended the following actions:

(a) Strengthen regional and subregional cooperation on climate change among governments in Asia and the Pacific;
(b) Develop effective education and communication strategies to dispel misinformation on climate change;
(c) Employ a cross-sectional approach that included collaboration among policymakers and advocates;
(d) Enhance the exchange of knowledge and case studies among various sectors and actors, namely, civil society organizations, community-based organizations, and grass roots networks and movements;
(e) Ensure that rural and urban budget planning include civil society organizations, local non-government organizations and local communities;
(f) Recognize that women, girls, gender-diverse persons, older persons, refugees and other marginalized groups can play an important role as climate activists; they should not serve as passive beneficiaries, but instead should be included in decision-making processes;
(g) Develop a framework on the reasons for leaving certain groups of the population behind in climate change discussions and actions, exploring intersectionality. Factors such as levels of discrimination, geographic location, strength of government, social economic conditions and climate change should be considered;
(h) Create an accountability mechanism to ensure transparency and the meaningful participation of marginalized groups in disaster and risk reduction strategies and climate resilience and adaptation;
(i) Uphold commitments of governments on gender equality and sexual and reproductive health and rights;
(j) Mainstream gender into national policy frameworks and budgetary allocation mechanisms. Ensure that analysis of gender-differentiated impacts of climate change responses and disasters are undertaken;
(k) Recognize that women and young people are not a homogenous group, instead it is imperative that their lived realities be recognized using an intersectional lens;
(l) Utilize the ‘Double – Nexus Justice Approach’ which centres on (a) gender justice, sexual and reproductive health and rights, and peacebuilding and (b) ecology, climate justice, climate financing and biodiversity protection;
(m) Prioritize climate-resilient health systems that ensure sexual and reproductive health services in times of crisis;
(n) Provide access to comprehensive and right-based health care to all;
Include men in all outreach and programming linked to sexual and reproductive health, and rights; gender; and climate change;

Build resilience among older persons and migrants in the context of climate change through intergenerational approaches and conduct more research on this topic;

Conduct research on climate change informed by an intersectional, feminist and gender justice framework;

Ensure that donors and governments commit to robust financing for the intersections between climate change, gender and sexual and reproductive health and rights, and consider their intersectionality in research, planning and programming;

Ensure that strategies to counter climate change myths include up-to-date intersectional research, recognize sexual and reproductive health and rights as a foundational framework and create an environment that facilitates open dialogue;

Persuade governments, the private sector and civil society organizations to have a stronger commitment towards adopting renewable energy and equitable resource management; ensure that these stakeholders engage in open dialogue to discuss the urgency of climate action;

Collect disaggregated data, including data on women, older persons and other marginalized groups;

Ensure governments demonstrate a stronger commitment towards safeguarding natural resources, while providing citizens with access to resources and sustainable fuel;

Resolve armed conflict through peaceful and proactive discussions instead of violence or forced displacement;

Recognize and centre loss and damage around the most marginalized and climate change frontline communities; ensure that groups are able to access loss and damage funds; improve the collection and analysis of sex and gender disaggregated data around loss and damage; and publish loss and damage reports with a strong gender and human rights focus;

Ensure that governments and civil society organizations advocate for decarbonization rather than emissions trading as a mitigation strategy; ensure that countries pursue fossil-fuel-free, circular and degrowth ecological economies.

C. Universal access to sexual and reproductive health and rights in Asia and the Pacific: Equality, quality, and accountability

The third consultation was held on 17 August 2023. The title of the consultation was Universal Access to Sexual and Reproductive Health and Rights in Asia and the Pacific: Equality, Quality, and Accountability. There were four sub-themes which were discussed during breakout sessions:

(a) Sexual and reproductive rights and justice;

(b) Access and inclusion of sexual and reproductive health and rights in universal health coverage;

(c) Sexual and reproductive health services, information and education for all;

(d) Policies, governance and financing for sexual and reproductive health, and rights.
35. A total of 96 stakeholders, from 62 civil society organizations, representing 19 countries in Asia and the Pacific, attended the consultation. Participants came from a broad range of communities and sectors including academia, civil society and the private sector. There was a balance of gender and regional representation among participants.

36. Participants identified, among others, the following challenges:

   (a) The COVID-19 pandemic had highlighted the inaccessibility of health services in many countries. Although digital health interventions were utilized during the pandemic, they were often met with high levels of surveillance from gatekeepers;

   (b) The region had low levels of digital literacy, especially among rural women and due to the inaccessibility of digital services;

   (c) There was a shortage of health-care professionals in the region;

   (d) The lack of affordable sanitary napkins, among other issues, had led to difficulty in effective menstrual hygiene management;

   (e) Rural women faced barriers in accessing primary health care; there was a lack of suitable health-care facilities within a reasonable distance. Additionally, the services available in rural areas were sometimes of poor quality and inadequate in responding to women’s needs;

   (f) Young people faced obstacles in accessing sexual and reproductive health and rights information, services, and medication. Young people were often discouraged or incriminated when discussing sexuality and reproductive health. Additionally, sometimes, they faced stigmatizing and discriminatory attitudes, practices and norms from service providers and gatekeepers, including teachers;

   (g) Young advocates for sexual and reproductive health and rights often struggled to acquire funding and investment;

   (h) People living in geographically remote areas, homeless and neglected children lacked support in assisting them in fulfilling their sexual and reproductive health and rights;

   (i) Parents, caregivers, and community leaders often lacked a basic understanding of sexual and reproductive health and rights;

   (j) Groups such as sex workers, gay and bisexual men, transgender people, young people, and people involved in drug use, who had a high risk of sexually transmitted infections, faced difficulty in accessing information and services at health-care facilities;

   (k) Young people were at an increased risk of HIV infections and many young people were already affected;

   (l) Funding for policies, programmes and plans focusing on young people and women in all their diversity was not sufficient;

   (m) Sex workers were at heightened risk for HIV and sexually transmitted infections. The criminalization of sex work across the region increased the risk of sexual violence;

   (n) Sexual and reproductive health and rights were not prioritized by funders and governments. There were insufficient initiatives on sexual and reproductive health and rights tailored towards young people living with HIV;
(o) Migrant women, older persons, persons with disabilities, unmarried adolescents, people belonging to specific castes, ethnic minorities, and women living with HIV and their children, faced discrimination and were excluded from fulfilling their sexual and reproductive health and rights;

(p) Grass roots programmes were often barred and constrained due to social norms around gender, caste and ethnic groups;

(q) The prevalence of unsafe abortions and intimate partner violence was high in many countries;

(r) The rise in authoritarianism and religious fundamentalism in some parts of the region had pushed back progress on sexual and reproductive health and rights. Often, civil society organizations and human rights defenders felt threatened;

(s) Older women’s sexual and reproductive health and rights needs were often ignored;

(t) There was reduced government funding for health and education;

(u) Even in countries that legalized abortion, women, particularly those from low-income households and who belonged to marginalized groups faced difficulties in access. They often faced issues related to term limits, and legislative and provider-induced delays;

(v) Law and policy changes in the region, such as a rise in the age of consent, had often led to an increase in parental and family control over adolescent sexuality and helped strengthen regressive social norms. Young people were unable to access sexual and reproductive health services due to such legislation.

37. Stakeholders also pointed out that countries in the region had developed the following good practices that supported implementation of the Ministerial Declaration:

(a) The region had seen good practices on providing access to improved health services, such as programmes that facilitated home deliveries through the support of local health attendants, emergency phone lines that provided health advice and services, improved facilities inside ambulances and midwives trained in assisting pregnant women with disabilities;

(b) Digital platforms were used to run innovative campaigns which promoted telehealth and uplifted urgent issues; online courses had educated individuals on sexual and reproductive health and rights;

(c) Youth-led sexual and reproductive health, and rights movements were impactful;

(d) Civil society organizations in the region advocated for and had used a broad range of self-care interventions during the pandemic to ensure access to sexual and reproductive health services;

(e) Volunteer peer models had provided adolescent friendly psychological services;

(f) Some countries had expanded the coverage of abortion and decriminalized sexual activities among adolescents.
Participants at the stakeholder consultation recommended the following actions:

(a) Respect, protect and fulfil human rights, inclusiveness and non-discrimination, as well as the right to the highest attainable standard of physical and mental health for all, regardless of gender, race, sexual orientation or gender identity, HIV status, marital status or any other ground;

(b) Ensure that the principles of inclusiveness, non-discrimination, non-violence, social justice and solidarity are at the centre of any policy and/or action plan on universal health coverage;

(c) Train service providers of HIV, sexual and reproductive health, and key governments officials, and sensitize them on issues of sexual and reproductive rights and justice. Ensure that service providers also understand the specific needs of marginalized groups such as unmarried adolescent and young people. Ensure that there is increased information-sharing between civil society organizations and governments;

(d) Increase access to sexual and reproductive health services which could also be addressed by increased opening hours of clinics and hospitals including during weekends and evenings;

(e) Ensure that member States provide social protection and benefits to care workers;

(f) Use traditional mass-media alongside digital media to execute and promote digital interventions. Use the digital health equity framework to overcome challenges of data protection and low literacy in the region;

(g) Ensure that governments and civil society organizations implement self-care interventions and invest in a greater number of self-care facilities;

(h) Utilize international conventions, such as the Convention on the Elimination of All Forms of Discrimination against Women, to advance the rights of marginalized groups such as women living with HIV;

(i) Increase the number of women and other marginalized groups in contributing to health-care policy and planning;

(j) Repeal and decriminalize restrictive and discriminatory laws regulating abortion, adolescent sexuality, premarital sexuality, same-sex sexual relationships, gender identity, and discrimination based on pregnancy and HIV status;

(k) Increase HIV prevention, testing and treatment, and invest in primary health-care services including essential sexual and reproductive health and rights services. Provide safe shelters for sexual and reproductive health;

(l) Ensure that sexual and reproductive health and rights agendas are incorporated into other interventions and issues such as peacebuilding and climate change;

(m) Use an intersectional approach to sexual and reproductive health services and information delivery, which includes disability-inclusive comprehensive sexuality education for older persons. Prioritize a comprehensive approach to health care for marginalized communities and invest in innovation for service delivery;

(n) Prioritize young people through the provision of high-quality comprehensive sexuality education initiatives which encourage youth groups to take leadership in HIV response and the creation of accountability mechanisms that value young people through sufficient funding;
(o) Increase public financing to train teaching and non-teaching staff in comprehensive sexuality education;

(p) Establish policies and plans that cater to the needs of marginalized groups and prioritized justice;

(q) Ensure that regional, national and local civil society organizations and international non-government organizations needed to collaborate and target key marginalized populations in their interventions;

(r) Increase spaces for civic engagement provided by governments at different levels;

(s) Ensure that universal health coverage packages include comprehensive sexual and reproductive health and rights interventions, including abortion services for young girls;

(t) Ensure that men serve as ‘champions’ for sexual and reproductive rights in all contexts, with a particular focus on rural and semi-urban areas;

(u) Translate information and educational content on sexual and reproductive health and rights into regional languages to increase accessibility for all;

(v) Make sexual and reproductive health care affordable, with a focus on subsidies through public health-care interventions;

(w) Include adolescents and older persons in all sexual and reproductive health surveys.

D. Regional cooperation, accountability and modalities for implementation of actions on population and sustainable development in Asia and the Pacific

39. The fourth consultation was held on 12 September 2023. The title of the consultation was Regional Cooperation, Accountability and Modalities for Implementation of Actions on Population and Sustainable Development in Asia and the Pacific. There were four sub-themes which were discussed during breakout sessions:

(a) Enabling environment, transparency and meaningful participation;

(b) Regional, subregional and national partnerships and cooperation;

(c) Intergenerational collaborations, ageing, longevity and youth trends;

(d) Ensuring accountability for commitments and policy coherence.

40. A total of 99 stakeholders, representing 20 countries in Asia and the Pacific, attended the consultation. Participants came from a broad range of communities and sectors including academia, civil society, local authorities and the private sector. There was a balance of gender and regional representation among participants.

41. Participants identified, among others, the following challenges:

(a) While some groups faced difficulties in accessing digital spaces due to a lack of resources, there was also a growing number of cases of harassment and online violence against women and marginalized communities;
(b) Many countries did not have mechanisms to ensure or facilitate youth engagement in policymaking;

(c) Young people, even when becoming adults from a legal perspective, were often unable to access online platforms or their online activity was heavily monitored; this hampered their ability to fully engage online as digital citizens;

(d) Youth employment issues included gaps in education, pay disparities, limited opportunities, and unfavourable policies in domestic and host countries. Young women often faced additional challenges related to unpaid care and labour;

(e) Participants noted an intergenerational divide, leading to distrust and conflict between younger and older persons;

(f) Migrants faced issues such as the digital divide, low awareness among migrants of government policies and a denial of services by some governments. Additionally, language was a barrier for migrants and had led to exclusion from entitlements and difficulty in accessing social services provided by the Government;

(g) Migration issues tended to only be discussed by migrant-sending countries. There was a lack of interest in these issues by some migrant-receiving countries;

(h) While many workers faced challenges in the region, migrant workers often lacked access to human and labour rights in host countries, while domestic workers faced gender-based discrimination;

(i) Shifting population dynamics in the region had led to a shortage of workers in several countries;

(j) Young people faced restrictions in pursuing work opportunities in other countries, with limited access to proper health-care facilities and equal opportunities;

(k) Levels of human trafficking in the region were high and remained as a major concern;

(l) Transgender people faced specific barriers such as non-recognition, rejection of visas and marginalization within the larger queer community. There was lack of meaningful engagement with the transgender community on issues related to sexual and reproductive health and rights discussions in regional and intergovernmental meetings;

(m) There was an economic, social and political divide between some countries in the global North and global South, which led to difficulties in international cooperation to tackle climate change;

(n) War and armed conflict had increased migratory flows within the region;

Intellectual property rights and global trade rules and treaties were barriers not only to citizens’ access to vital medicines, but also had led to slow responses by Governments during the pandemic.

(o) There were injustices in human rights and geopolitical tensions, as well as attacks on civil spaces and press freedom in the region;

(p) It was difficult for civil society organizations to hold governments accountable to international commitments, mobilize resources for monitoring and evaluation of these commitments, or advocate for intersectional agendas;
(q) There was an urgent need to increase funding towards public health services and education.

42. Stakeholders also pointed out that countries in the region had developed the following good practices that supported implementation of the Ministerial Declaration:

(a) There were successful campaigns across the region that provided social protection to migrants;

(b) Initiatives that focused on digital transformation through capacity-building on basic digital literacy skills and numeracy to older persons had led to empowerment of older persons;

(c) In several countries, migrants had been included in state-led responses to the COVID-19 pandemic; there were also examples of good practice led by migrant groups;

(d) Several countries had implemented universal health coverage, safe abortions and comprehensive sexuality education, which had increased resilience.

43. Participants at the stakeholder consultation recommended the following actions:

(a) Ensure that the review of the Global Compact for Safe, Orderly, and Regular Migration provides a safe space for migrants and grass roots movements. Moreover, initiatives of migrants on the Global Compact for Safe, Orderly and Regular Migration need to increase awareness;

(b) Support partnerships with migrants and migrant-led groups to encourage cross-border cooperation among governments, migrants and other stakeholders. Support on-ground campaigns and national advocacy to meaningfully engage with migrants;

(c) Increase advocacy on providing access to migrant workers regarding sexual and reproductive health and rights, along with health services in receiving countries;

(d) Advocate for meaningful participation of migrants, refugees and other marginalized groups in intergovernmental meetings;

(e) Governments should recognize civil society organizations and their crucial role in public dialogue;

(f) Ensure that civil society and youth organizations are able to function to their highest level through adequate funding and meaningful representation in policymaking;

(g) Establish bilateral agreements to foster South-South and triangular cooperation;

(h) Engage young people with disabilities in any research-based activities or initiatives on access to services and information on sexual and reproductive health, and rights;

(i) Recognize communities of persons with different sexual orientations and gender identities, and engage them with equal amounts of participation in stakeholder consultations;

(j) Include girls and young women when disseminating messages on sexual and reproductive health and rights, including efforts to counter misinformation. However, protect girls and young women from the potential backlash these campaigns may face;
(k) Implement digital citizenship education in primary and secondary schools;

(l) Prioritize lifelong learning and capacity-building by governments;

(m) Ensure that there is a strong indigenous rights perspective when working on strengthening older persons’ rights;

(n) Encourage intergenerational dialogue while younger and older persons should not be viewed as a homogenous groups;

(o) Introduce laws and policies to decriminalize sex work across the region;

(p) Addressing the issue of low fertility rates should not solely involve encouraging higher immigration. Instead, governments must respect rights when addressing low fertility rates and possible population decline through policies and programmes. The decision not to have children is often influenced by societal and structural factors, including financial constraints, as well as the provision of childcare and quality of care work;

(q) Create policies to address unpaid care responsibilities and prioritize and provide access to childcare;

(r) Monitor budgets and domestic funding; ensure that civil society organizations have space to advocate for adequate funding for sexual and reproductive health, and rights.

IV. Conclusions and recommendations

44. The consultations suggested the following recommendations for governments and civil society organizations to take forward:

(a) Intersectional and rights-based approach: place the challenges, needs and voices of all people, including marginalized groups, at the centre when developing and implementing policies on population and development. Utilize a gender differentiated analysis approach, and account for systemic barriers and other power dynamics when developing policies and programmes;

(b) Prioritizing sexual and reproductive health and rights approach: protect and uphold sexual and reproductive health and rights by governments in the region and address the unmet need for family planning; reduce maternal mortality; prevent sexually transmitted diseases and HIV; and reduce all forms of discrimination and violence;

(c) Cross-sectoral approach: Incorporate sexual and reproductive health and rights agendas into other domains such as peacebuilding and climate change. They should not be viewed in silos;

(d) Whole-of-society approach: recognize diverse stakeholders, including marginalized groups, for their voice and agency on issues that address the breadth of the population and development agenda. Marginalized groups must be represented and meaningfully engaged in decision-making and law-making processes;

(e) Life course approach: develop forward-looking policies and programmes to ensure that no one is left behind by recognizing that events and developmental steps throughout a person’s life accumulate, are interlinked and affect the well-being of a person now and in the future;

(f) Collaboration at all levels: engage with and ensure collaboration amongst and between governments and stakeholders at the regional,
subregional, national and subnational levels; include the protection of civic spaces and financing for civil society organizations and youth-led interventions.

45. The present document provides a non-exhaustive summary of the outcomes of the four stakeholder consultations organized in preparation for the Seventh Asian and Pacific Population Conference to be held in Bangkok and online from 15 to 17 November 2023. It is intended to inform deliberations during the Seventh Asian and Pacific Population Conference.