Economic and Social Commission for Asia and the Pacific
United Nations Population Fund

Regional Preparatory Meeting for the Sixth Asian and Pacific Population Conference
8-10 May 2013
Bangkok

REPORT OF THE
REGIONAL PREPARATORY MEETING FOR THE
SIXTH ASIAN AND PACIFIC POPULATION CONFERENCE

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I. BACKGROUND

1. The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), at its sixty-sixth session, adopted resolution 66/12 of 19 May 2010 on “Sixth Asian and Pacific Population Conference.” That resolution requested the Executive Secretary, in cooperation with the United Nations Population Fund (UNFPA), to convene the Sixth Asian and Pacific Population Conference.


3. In pursuance of the above mandates, the Sixth Asian and Pacific Population Conference (Sixth APPC) would be convened by ESCAP, in cooperation with UNFPA, from 16 to 20 September 2013 in Bangkok.

4. To facilitate preparations by ESCAP members and associate members for the above-mentioned Conference, the secretariat, in cooperation with UNFPA, convened the Regional Preparatory Meeting for the Sixth Asian and Pacific Population Conference from 8 to 10 May 2013 in Bangkok (hereafter referred to as the “Regional Preparatory Meeting”).

5. The Regional Preparatory Meeting was attended by 59 experts designated by the Seats of Governments of the following 27 members and associate members of ESCAP: Australia, Afghanistan, Azerbaijan, Bangladesh, Bhutan, Cambodia, China, Democratic People’s Republic of Korea, India, Indonesia, Islamic Republic of Iran, Japan, Lao People’s Democratic Republic, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sri Lanka, Thailand, United States of America, Vanuatu and Viet Nam. In addition, representatives from civil society, intergovernmental and international organizations, including the United Nations system, were in attendance. The list of participants is attached as Annex III to the Report.

II. OBJECTIVES OF THE MEETING

6. The objectives of the Regional Preparatory Meeting were to:

A. Review the initial findings of the International Conference on Population and Development beyond 2014 Global Survey for the Asian and Pacific region;

B. Identify key emerging issues related to population and development to be considered by the Sixth APPC;

C. Consider the first draft of a proposed outcome document for the Sixth APPC.
III. OPENING OF THE MEETING

7. Opening statements were delivered by:
   
   • Ms. Nanda Krairiksh, Director, Social Development Division, ESCAP;
   • Ms. Nobuko Horibe, Director, Asia and the Pacific Regional Office, UNFPA;
   • Dr. Narong Saiwongse, Deputy Director-General, Department of Health, Ministry of Public Health, Royal Thai Government.

IV. ELECTION OF OFFICERS

8. The Regional Preparatory Meeting elected the following nominees of the respective Seats of Government to serve on its Bureau:

   Chairperson: Dr. Badri Pokhrel, Joint Secretary, Ministry of Health and Population, Government of Nepal

   Vice-Chairperson: Ms. Hang Lina, Director-General, National Institute of Statistics, Government of Cambodia

V. AGENDA

9. The Regional Preparatory Meeting adopted the following agenda:

   1. Opening.
   2. Election of officers.
   3. Adoption of Agenda.
   6. Identification of key emerging issues related to population and development in the Asian and Pacific region.
   7. Consideration of the first draft of a proposed outcome document for the Sixth Asian and Pacific Population Conference.
   8. Other matters.
   9. Adoption of report of the Meeting.
   10. Closing.
VI. REVIEW OF THE REGIONAL PREPARATORY PROCESS FOR THE SIXTH ASIAN AND PACIFIC POPULATION CONFERENCE

10. The secretariat presented an overview of the regional and global preparatory processes leading up to the Sixth APPC, and the United Nations General Assembly Special Session on ICPD beyond 2014. It presented the roadmap leading up to the Sixth APPC, which would be held from 16 to 20 September 2013. It also highlighted how the outcomes of the Sixth APPC would feed into the relevant global processes related to ICPD beyond 2014.

VII. REVIEW OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT BEYOND 2014 GLOBAL SURVEY: INITIAL FINDINGS FOR THE ASIAN AND PACIFIC REGION

11. The secretariat presented the preliminary key findings for the Asian and Pacific region of the International Conference on Population and Development beyond 2014 Global Survey, providing a background to the development, distribution and receipt of the Survey as well as the analysis of responses. The secretariat reported that it had received responses from 51 ESCAP members and associate members, representing a response rate of 90 per cent and covering 99 per cent of the population of the Asian and Pacific region. It was noted that the high response rate demonstrated the continued commitment of Governments in the region to population and development issues.

12. In terms of Government responses by subregion, the rates were as follows: East and North-East Asia (100 per cent); South and South-West Asia (100 per cent); South-East Asia (91 per cent); North and Central Asia (89 per cent); the Pacific (76 per cent). The secretariat expressed its gratitude to members and associate members for completing the questionnaires, noting that civil society organization experts had worked closely in many cases with national focal points to support timely completion of the questionnaire responses.

13. The secretariat highlighted the key findings from the Survey covering all its thematic areas in the context of progress, key gaps and reported barriers, and policy priorities for the subsequent decade, as reported by the Governments. The secretariat clarified that a final report would be prepared drawing from the Survey, country implementation profiles, national statistics and other high quality technical reports, which would be presented as an official background document for the Sixth APPC.

14. The Regional Preparatory Meeting expressed appreciation to the secretariat for the comprehensive and participatory nature of the Survey, indicating that, in particular, the section on policy priorities would serve to guide national policies. It further indicated the need to reflect, to the extent possible, on broader issues related to population and development. Some delegations indicated the need to highlight subregional specificities, including issues related to countries emerging from conflict. Other delegations referred to the cross-sectoral nature of the areas covered by the ICPD Programme of Action, and indicated the need to strengthen national coordination institutions and mechanisms in the area of population and development.

15. The representative of Partners in Population and Development, an intergovernmental organization, highlighted the importance of South-South cooperation...
in implementing the ICPD beyond 2014 agenda, and the key role of intergovernmental organizations in that regard.

16. Representatives from civil society organizations, in their joint statement, emphasized the need to effectively use qualitative information from the Survey in the final report, and to align it with a human rights-based approach.

VIII. IDENTIFICATION OF KEY EMERGING ISSUES RELATED TO POPULATION AND DEVELOPMENT IN THE ASIAN AND PACIFIC REGION

17. An interactive round table was held on “Identification of key emerging issues related to population and development in the Asian and Pacific region”.

18. The roundtable featured the following panellists: (a) Mr. Adrian Hayes, Adjunct Associate Professor, Australian Demographic and Social Research Institute, Australian National University; (b) Mr. Rajat Khosla, Expert on sexual and reproductive health; (c) Mr. Ghazy Mujahid, University of York Centre for Asian Research; and (d) Ms. Bandana Rana, Regional Coordinator of South Asian Campaign for Gender Equality. The roundtable was moderated by Mr. Wasim Zaman, Executive Director, International Council on Management of Population Programmes.

19. The panellists highlighted the linkages between population dynamics and sustainable development, a human rights-based approach to addressing disparities in access to sexual and reproductive health, social integration and its implications for development, and the importance of addressing gender equality and women’s empowerment for ensuring full implementation of the ICPD Programme of Action.

20. Experts from the following Governments shared experiences on key policies and programmes on population and development during the discussion: Afghanistan, Bangladesh, Indonesia, Islamic Republic of Iran, Japan, Lao People’s Democratic Republic, Nepal, Pakistan and Viet Nam.

21. Several key emerging issues related to population and development in the region were highlighted, including policy responses to take advantage of the demographic dividend, the role of international migration in the post-2015 development agenda, the need to comprehensively incorporate sexual and reproductive health into universal health-care schemes, the impact of sex-ratio imbalances, the growing incidence of poverty in urban areas, poverty alleviation as a pre-condition for social integration, and the importance of human security in post-conflict settings in relation to the implementation of the ICPD Programme of Action.

22. Government experts also emphasized the importance of adopting a holistic, multi-sectoral approach to implementing the ICPD Programme of Action, as well as ensuring effective partnerships between Governments and all relevant stakeholders, including civil society.
IX. CONSIDERATION OF THE FIRST DRAFT OF A PROPOSED OUTCOME DOCUMENT FOR THE SIXTH ASIAN AND PACIFIC POPULATION CONFERENCE

23. The Regional Preparatory Meeting considered document SDD/RPM/6th APPC 2013/WP.1 entitled the “Draft outcome document for the Sixth APPC”.

24. The secretariat informed the Regional Preparatory Meeting that the document had been developed on the basis of ESCAP resolution 68/6 of 23 May 2012 and feedback obtained from Governments through the ICPD Global Survey. It had also drawn from the outcomes of global thematic consultations related to population and development, including the post-2015 development agenda, and a regional consultation with civil society, which had been held from 28 to 30 March 2013.

25. The secretariat explained that the document contained four sections as follows:

   I. Preambular paragraphs
   II. Overarching Principles and Policy Directions
   III. Priority Actions
   IV. Modalities for implementation at the national, regional and global level

26. The Regional Preparatory Meeting expressed appreciation to the secretariat for the overall high quality and content of the draft outcome document.

27. The Regional Preparatory Meeting noted that the draft outcome document, once adopted, would serve as the Asian and Pacific regional input to the special session of the General Assembly on the International Conference on Population and Development beyond 2014.

SECTION I: PREAMBULAR PARAGRAPHS

28. The Regional Preparatory Meeting considered the content of “Section I: Preambular paragraphs” and made the following suggestions for change:

   General comments:

   (a) Australia:
      i. Include an additional preambular paragraph recognizing the vulnerability of women and girls with disabilities.
      ii. Include, when mentioning the Beijing Declaration and Platform for Action and the International Conference on Population and Development Programme of Action, explicit references to the results of subsequent review conferences.

   (b) India:
      Include an additional preambular paragraph recognizing the special needs of persons with disability.

   (c) Afghanistan:
      Include an acknowledgment of the unique challenges faced by post-conflict countries and fragile states.
PP2:
(a) Islamic Republic of Iran:
Include “and its annex” after the phrase “Recalling the ICPD Programme of Action Adopted in Cairo in 1994”.
(b) Australia:
Include references to the Beijing Platform for Action and reviews of ICPD.

PP6:
(a) Russian Federation and Islamic Republic of Iran:
Delete the entire paragraph.
(b) Australia and United States of America:
Expressed support for retaining PP6 and for maintaining forthcoming language on sexual orientation and gender identity.

PP9 bis:
Russian Federation:
Add a new paragraph referring to the Political Declaration on HIV/AIDS (based on GA resolution 65/277 adopted in 2011).

PP11:
Islamic Republic of Iran, with support by Azerbaijan:
Delete “all conventions, treaties and protocols” unless they are specified.

PP12:
Russian Federation:
Include “care” as follows: “particularly in the areas of increased access to sexual and reproductive health-care services and reduced maternal and child mortality;”

PP13:
(a) Japan, with support from Pakistan:
Include “and conflict” as follows: “as well as the increasing challenges posed by natural disasters, complex emergencies and conflict”.
(b) Japan:
Modify the sentence as follows: “all of which have increased vulnerabilities and inequalities and have adversely affected development gains, in particular in developing and developed countries alike”
(c) Pakistan:
Delete “ongoing”.
PP14:

(a) **Islamic Republic of Iran:**
Delete “including those related to sexual and reproductive health and reproductive rights”. Or, follow language of ICPD to read “including those related to sexual and reproductive health and reproductive rights and responsibilities” in accordance with ICPD.

(b) **Pakistan:**
Expressed support for keeping the language of PP14 close to the language contained in the ICPD Programme of Action.

PP15:

(a) **Islamic Republic of Iran:**
Keep the paragraph, but delete the following phrase: “lack of access for millions of couples and individuals to safe, affordable, effective and voluntary forms of modern contraception”.

(b) **China:**
Use a generic term to encompass all different population groups mentioned to replace the phrase beginning with “especially…”.

(c) **Viet Nam:**
Replace “individuals” with “unmarried people” as follows: “Acknowledging that increased inequalities in many countries in the Asian and Pacific region have resulted in lack of access for millions of couples, and unmarried people to safe, affordable, effective and voluntary forms of modern contraception”.

PP17:

(a) **Viet Nam:**
i. Insert “reproductive tract infections and sexually transmitted infections”.
ii. Include “tract” as follows: “Acknowledging the increasing incidence of non-communicable diseases, including reproductive tract cancers, and the effect of morbidity in reducing women’s quality of life.”

(b) **Islamic Republic of Iran:**
Include “cardiovascular diseases, cancers, diabetes and chronic respiratory diseases”.

PP18:

(a) **Islamic Republic of Iran:**
i. Add “relevant” and “ICPD PoA goals and targets” as follows: “Acknowledging the need to develop the capacity of relevant national institutions and mechanisms in countries in the region to generate, analyze and disseminate reliable and comparable population data, disaggregated by sex, age and other relevant categories, as needed to monitor the ICPD PoA goals and targets.”
ii. Delete “improvement of maternal health, the achievement of the target of universal access to reproductive health, population dynamics including migration trends, progress in eliminating gender-based violence, progress in empowering women and girls and achieving gender equality”, and replace with “achievement of the ICPD goals and targets.”

(b) Japan:
Add reference to “the need for analysis which is understandable by all and useful for policy formulation”.

(c) Australia:
Voiced strong support for the inclusion of sex-disaggregated data as formulated in the draft provided by the secretariat.

PP20 bis:

Japan proposed the following:
“Acknowledging the importance and effectiveness of utilizing and promoting science, technology and innovation in the field of population.”

PP23:

(a) Islamic Republic of Iran:
Replace with the following text: “Recognizing the contribution of socio-cultural and traditional beliefs and practices to preventing and eliminating discrimination and violence committed against women and girls”.

(b) Bhutan, with support from Nepal:
Retain and amend the end of the paragraph with the following phrase: “with proper legal and social protection system”.

PP25:

Viet Nam:
i. Recommended deletion of “prenatal”.
ii. Replace “distorts the population composition” as follows: “in particular sex ratio at birth imbalances that will have negative social economic impacts on society”.

PP26:

Papua New Guinea:
Add “and mortality” as follows: “With some countries still experiencing higher levels of fertility and mortality”.

PP27:

India:
Remove “far-reaching” and “political”.
PP28 bis:

Japan proposed the following:
"Further recognizing that the transformation of family structures in the Asian and Pacific region causes increasing numbers of single elderly households".

PP29:

(a) Bhutan:
Include "men" as follows: "older women and men".

(b) Japan, with support from Malaysia:
Replace "older women" with "older persons, especially older women".

(c) Azerbaijan:
Include "older women and men".

(d) Indonesia:
Replace "women" with "people".

(e) United States of America:
Include "and protect human" as follows: "to promote and protect their human rights and address their specific needs".

PP30:

(a) Iran:
Delete "more than 750 million young women and men...24".

(b) Azerbaijan:
Delete "young".

PP31:

Lao PDR:
Add "opportunity" after "rights".

PP32:

(a) Russian Federation, with support from Islamic Republic of Iran:
Delete the entire paragraph, or retain with a specification as to the age group for which sexual education is needed.

(b) Indonesia, with support from Russian Federation and Malaysia:
Include mention of "family and parents' primary responsibility".

(c) Indonesia:
Replace "comprehensive sexual education" with "comprehensive evidence-based education on human sexuality".

(d) Australia:
Retain.
(e) Philippines:
   i. Retain.
   ii. Add “which is age-appropriate” after “education”.

(f) Nepal:
   Retain, but rephrase with language that has previously been agreed to.

(g) Viet Nam, with support from China:
   Retain and add “life-skills” after “comprehensive sexuality”.

(h) Bangladesh:
   i. Include mention of “national curriculum”.
   ii. Recognize the role of media.

PP33:

(a) Viet Nam, with support from Azerbaijan:
   Replace “life course” with “life cycle”.

(b) Bhutan:
   Include social protection systems for vulnerable people, specifying particular groups.

PP34:

(a) India:
   Emphasize the urban poor, especially slum dwellers and vulnerable populations.

(b) China:
   Delete “particularly in small and medium...”.

PP35:

China, with support from Nepal and Azerbaijan:
   Include mention of internal migration.

PP36:

(a) Bhutan:
   Add “children” after “men and women”.

(b) Japan, with support from Islamic Republic of Iran:
   Include “earthquakes” as follows: “such as earthquakes, tsunamis, typhoons and cyclones.”

(c) Russian Federation:
   Keep a general reference to disasters or include in list of disasters the following: “floods and forest fires”.

(d) Afghanistan, with support from Mongolia, Azerbaijan and India:
   Keep a general reference to disasters, without a specific list of the types of disaster.
(e) Mongolia:
Add “snow storms” if the list of disasters is retained.

(f) Vanuatu:
Add “sea level rise as a result of impact of climate change”.

PP37:

Islamic Republic of Iran:
i. Delete “which through its analysis and recommendations”.
ii. Add the following two new paragraphs on poverty:

“Recognizing that poverty is a major common denominator in health-related issues and is responsible for the serious worsening of the main health indicators, deterioration of living standards, shortening of the average life expectancy and persistence of, and in some cases, the increase in preventable diseases and deaths, particularly of children”.

“There are still over a billion hungry people, and more than two billion people are deficient in micronutrients; the Asian and Pacific region, despite its outstanding achievements, still hosts the highest number of poor people and a rising number of hungry people has undermined confidence in the declining global poverty estimates. Challenges persist in areas such as environmental sustainability, even in countries that have made impressive gains in reducing poverty over the past decade, including large parts of Asia. Rollbacks on progress as a result of the food, fuel and financial crises, and emerging issues such as climate change, have compounded the challenge. Delayed job recovery from the global economic downturn remains a major challenge for poverty reduction in the years to come, and climate change is likely to have devastating impacts on vulnerable countries and communities”.

PP38 bis:

India, with support from Nepal, Japan and Viet Nam, proposed the following:
“Recognizing the need to adopt entitlement-based approaches to adolescent health, reproductive and child health and further recognizing the need to learn from each other on approaches towards universal health coverage and the use of information and communication technology.”

Consolidated statement by CSOs:

29. The consolidated statement delivered by CSOs expressed appreciation of the continued commitment of Governments towards the ICPD Programme of Action. The CSOs also expressed appreciation to the secretariat for including CSOs in the preparatory process for the Sixth APPC. The consolidated statement urged member States to consider the including following:

(a) Specific recognition and commitment towards full implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and other treaties that provide international legal frameworks with accountability measures and mechanisms for promotion, protection and fulfilment of women’s human rights, especially sexual and reproductive health and rights, as integral towards achievement of ICPD and the goals beyond 2014.
(b) Recognition of the Bali Global Youth Forum Declaration 2012 along with World Programme of Action on Youth.

(c) Recognition of General Assembly Resolution 65/277 on the Political Declaration on HIV & AIDS.

(d) Reaffirmation of the human rights-based approach as the basis of ICPD beyond 2014 review.

(e) Acknowledgement of the lack of consistent and uniform progress on Millennium Development Goal 3 and Goal 5, as well as access to sexual and reproductive health and rights and the need to address them through action plans on ICPD beyond 2014.

(f) Acknowledgement of the need for meaningful participation of youth as a distinct and different constituency with varying degree of vulnerability in decision-making processes and recognition of their agency in engaging with and/or leading such processes.

(g) Comprehensive sexuality education for young people.

SECTION II: OVERARCHING PRINCIPLES AND POLICY DIRECTIONS

30. The Regional Preparatory Meeting considered the content of “Section II: Overarching Principles and Policy Directions” and made the following suggestions for change:

General comments:

(a) United States of America, with support from Afghanistan:
Rename the section “Policy directions”.

(b) China:
Refer to the need to address demographic change and the need for appropriate policy responses.

(c) Afghanistan:
Refer to the special needs of Least Developed Countries (LDCs), and Land-Locked Developing Countries (LLDCs) as well as countries facing instability and conflict.

(d) Sri Lanka and Nepal:
Highlight the need to address nutrition and its impact on children and mothers.

(e) Bhutan:
Highlight the need for regional cooperation to achieve the objectives of the ICPD.

(f) India:
Highlight the importance of the rights-based approach to adolescent health and reproductive health and making a sustained effort towards achieving universal health-care coverage with a focus on strengthening the primary health care system through enhanced public spending on health care on a sustained basis.
OP1:

(a) United States of America:
Replace “renew” with “reaffirm” and include reference to the document “Key Actions for Further Implementation of the Programme of Action of the ICPD” adopted in 1999.

(b) Afghanistan:

OP1 bis:

Russian Federation, with support from Islamic Republic of Iran, proposed the following: “Reaffirm the sovereign rights of each country to implement recommendations of the Programme of Action of the International Conference on Population and Development or other proposals in this document, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights”.

OP2:

(a) Islamic Republic of Iran:
Insert “including the right to development” after human rights in the first line, and delete “regardless of their political, economic and cultural systems” in the sixth line.

(b) United States of America:
Replace “reiterate” with “reaffirm” in the first line.

OP2 bis:

Bhutan proposed the following: “For the well-being of the people of the Asian and Pacific region, ensure continuity, peace, prosperity and happiness to ensure successful implementation of respective countries’ development plans incorporating the Programme of Action of the International Conference on Population and Development.”

OP3:

(a) Islamic Republic of Iran:
Replace “reproductive rights are human rights” in the first line with “reproductive rights in accordance with ICPD embrace certain human rights”.

(b) Bhutan:
Include a reference to “youth-friendly reproductive health-care services”.

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(c) United States of America: 
Supported the paragraph as it reflected important language agreed on many occasions.

OP4:

(a) Islamic Republic of Iran: 
Include “care” after “reproductive health” in line three.

(b) United States of America: 
Modify reference to quality health services to “access to quality sexual and reproductive health services” in line four.

OP5:

(a) United States of America: 
Replace “commit” with “strengthen commitment” in the first line.

(b) Russian Federation, with support from Islamic Republic of Iran and Indonesia: 
Delete “sexual” from “sexual and reproductive rights” in line two.

(c) Viet Nam: 
Supported retention of reference to “sexual and reproductive rights”.

(d) India: 
Supported inclusion of a commitment to end all forms of violence and discrimination against women.

OP6:

(a) United States of America: 
Replace “recognize” with “recommit” in the first line.

(b) Islamic Republic of Iran: 
Insert “at national and international levels” after the word “inequality”.

OP7:

(a) Islamic Republic of Iran, with support from Indonesia and Russian Federation: 
Delete.

(b) Nepal, with support from India, Myanmar and Viet Nam: 
Supported retention of the paragraph in its original form.

OP8:

(a) Viet Nam: 
Replace “life course” with “life cycle” in the first line.

(b) India: 
Add after young people “with focus on adolescents.”
OP9:

Islamic Republic of Iran:
Replace “evidence-informed” with “evidence-based” in the first line.

OP9 bis:

Japan proposed the following:
“Affirm the importance and usefulness of human security, which focuses on individuals, including youth, women and girls, as well as older persons by protecting and empowering them to lift themselves out of poverty and fulfil their potential. Human security also leads to emphasis on the significance of universal health coverage, which enables a comprehensive approach beyond specific diseases to address diversified health needs, including ones on the sexual and reproductive health issues.”

OP10:

(a) India:
Include partnerships with not-for-profit sector and community-based organizations in the second line.

(b) Democratic People’s Republic of Korea:
Refer to the role of international partnerships, in line with Millennium Development Goal 8 (Global Partnership for Development).

Consolidated statement by CSOs:

31. The joint statement of CSOs underlined the important role of civil society in assisting in the formulation, implementation, monitoring and evaluation of population and development objectives and activities, as well as in advocacy, global dialogue, and service delivery – especially to those most hard to reach – in fully implementing the ICPD Programme of Action, reducing poverty and improving human lives in Asia and the Pacific. The consolidated statement suggested member States considered including reference to specific groups such as adolescents, unmarried young women and mothers, migrants, indigenous people, those belonging to ethnic or sexual minorities; as well as key affected populations most affected by HIV and AIDS such as people living with HIV, and particularly men who have sex with men, transgender populations, and injecting drug users as adopted in ESCAP resolution 67/9 in 2011.

SECTION III: PRIORITY ACTIONS

32. The Islamic Republic of Iran suggested the incorporation of the following new priority areas, and suggested that the priority actions begin with poverty eradication, followed by health, education and the subsequent areas, as below, and end with data and statistics. In addition, the Islamic Republic of Iran provided suggested text for each of the additional priority areas, as contained in Annex I.

(i) Poverty and employment
(ii) Health
(iii) Data and statistics
33. Japan, with support from Islamic Republic of Iran and China, suggested the incorporation of a new priority area on health and longevity that would include promoting science and the exchange of knowledge to prolong the length of life and reduce morbidity and mortality, in addressing both infectious and chronic diseases and health promotion; ensuring universal health-care coverage throughout the region; and providing necessary measures to ensure safe and quality food.

34. The Regional Preparatory Meeting considered the content of the “Section III: Priority Actions” and made the following suggestions for change:

(a) Government experts provided suggestions on restructuring, adding text and consolidating the document.

(b) Several Government experts indicated the need to prioritize education within priority actions, especially for young people, as well as the inclusion of internal migration. Several Government experts also mentioned the importance of regional cooperation, investment and resource mobilization.

(c) The Government expert from Nepal suggested the inclusion of human trafficking and child mortality in the outcome document.

(d) The Government expert from Japan emphasized the importance of health promotion and responding to increased longevity, and suggested the inclusion of social integration into the outcome document.

(e) The Government expert from the Philippines recommended the addition of youth employment as an additional area for priority action.

(f) The Government experts from Indonesia and the Islamic Republic of Iran expressed the need to focus on closing the gaps in the implementation of the ICPD Programme of Action.

(g) The Government experts from the Islamic Republic of Iran, Pakistan and the Russian Federation emphasized the importance of adhering to the original language agreed upon in the ICPD Programme of Action and General Assembly resolutions.

(h) The Government experts from Bangladesh and Bhutan noted the importance of renewing political will and political commitment. Bhutan additionally noted the importance of countries identifying a lead agency for implementation of the outcome document.

i) Sexual and reproductive health and rights

35. The Regional Preparatory Meeting considered the content of the “Section III i) Sexual and reproductive health and rights” and made the following suggestions for change:
General comments:

Title of subsection

(a) Lao People's Democratic Republic:
Replace title with “Reproductive health and rights”.

(b) Islamic Republic of Iran, with support from Russian Federation:
Replace title with “Sexual and reproductive health”, or the formulation from
ESCAP resolution 68/6.

Other comments:

(a) Australia:
Agreed with all priority actions and references to sexual and reproductive health
and rights in the subsection and did not want to see any weakening of the
language.

(b) Russian Federation, with support from Islamic Republic of Iran:
Remove references to “sexual rights” throughout the document.

(c) Cambodia and Thailand, with support from Viet Nam, Nepal and Myanmar:
Retain the term “sexual and reproductive health and rights”.

(d) Afghanistan:
  i. Include reference to community-based health care and health workers.
  ii. Include reference to resource mobilization.

(e) India:
  i. Need to adopt a primary health-care approach and a rights-based approach.
  ii. Build partnerships, communities, professional bodies, civil societies,
community-based organizations like village health and sanitation committees,
grassroots level democratic institutions, municipal bodies, not-for-profit
entities and the private sector.
  iii. Leverage use of information and communication technology to improve
service delivery.
  iv. Increase the involvement of elected representatives.

(f) Indonesia:
  i. Prioritize urgent issues such as fulfilling the unmet needs for family planning,
reducing maternal and infant mortality, end enhancing access to affordable and
effective medication for people living with HIV/AIDS.
  ii. Ensure equal and non-discriminatory treatment and protection for all under
prevailing laws without discrimination such as based on race, colour, sex,
language, religion, political, national or social origin or other status.

(g) Bangladesh:
Highlight the importance of free education for girls, access to information and
delaying early marriage.
(h) Islamic Republic of Iran:
Replace the term “evidence informed” with “evidence based” throughout the document.

Paragraph i) (a)

(a) United States of America:
   i. Supported the phrase “with clearly identifiable allocations and expenditures”.
   ii. Add “high” before “priority”.

(b) Viet Nam, with support from Philippines:
Move paragraph (a) to Section II (Policy Directions).

Paragraph i) (b)

(a) Australia:
   Supported the existing text.

(b) Islamic Republic of Iran:
   In line 2, after the term “system,” insert the phrase “and expansion of its coverage”.

(c) Cambodia:
   Mention “ethnic groups” at the end of the paragraph.

(d) China:
   Replace the list of specific groups with the phrase “hard to reach and underserved”.

(e) Russian Federation:
   In line 1, insert the term “care” after “sexual and reproductive health”.

(f) Viet Nam:
   Add “newborns” after the word “women” in line 3.

Paragraph i) (c)

(a) Islamic Republic of Iran, with support from Russian Federation:
   i. Replace the term “sexual and reproductive rights” with “sexual and reproductive health”.
   ii. Delete “regardless of age, sex, race, ethnicity, class, caste, religious affiliation, marital status, occupation, disability, HIV status, national origin, immigration status, language, sexual orientation or gender identity, among other factors”.

(b) Australia:
   Supported the existing text.

Paragraph i) (d)

(a) Islamic Republic of Iran:
   Delete “and repeal laws that punish women and girls who have undergone illegal abortions, as well as ending their imprisonment”.

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(b) Indonesia:
Move “repeal laws that punish women and girls who have undergone illegal abortions, as well as ending their imprisonment” to subsection (ii), paragraph (b).

(c) Australia:
Supported the existing text.

(d) Philippines:
i. Include reference to men’s reproductive health and rights.
ii. Reformulate the paragraph as follows: “…discrimination in education and employment due to pregnancy and motherhood, and in countries where applicable, review the existing laws that punish women and girls who have undergone illegal abortions, as well as ending their imprisonment”.

(e) Bangladesh:
Include mention of family planning for unmarried males and females.

Paragraph i) (e)

(a) Islamic Republic of Iran:
i. Delete reference to “low fertility”.
ii. Replace “evidence informed” with “evidence based”.

(b) Japan:
Retain the term “low fertility”.

(c) Papua New Guinea:
Add “and high mortality” after “high fertility”.

(d) Australia:
Supported the existing text.

(e) China:
In line 2, include “couples and” before “individuals”.

Paragraph i) (f)

(a) United States of America:
i. Add “voluntary access” in line 2.
ii. Replace “voluntary” with “acceptable” in line 3.
iii. Insert the phrase “and other characteristics” at the end of the paragraph.

(b) Philippines:
Insert “legal” before “modern” in line 4.

(c) Viet Nam:
i. Replace the term “family planning” in line 1 with “contraception”.
ii. In line 3, revise to “able to voluntarily exercise”.
iii. Replace “reproductive choices” with “individual choices”.
iv. Emphasize the need for contraception for unmarried women and include mention of choice.
(d) Islamic Republic of Iran:
  i. Insert in line 4 after “free” the term “responsible”.
  ii. Delete “regardless of age, marital status, sexual orientation and gender identity”.

(e) Indonesia:
  Delete “sexual orientation and gender identity”.

(f) Bangladesh:
  Add “quality” before “affordable”.

Paragraph i) (g)

(a) Thailand:
  Delete “management...while revising restrictions within existing abortion laws and policies to safeguard the lives of women and adolescent girls” and replace with “enhance access to safe abortion services to reduce the complications arising from unsafe abortion”.

(b) Islamic Republic of Iran:
  Replace “while revising restrictions within existing abortion laws and policies to safeguard the lives of women and adolescent girls” with “and reaffirm that in no circumstances should abortion be considered as a family planning method”.

(c) Bangladesh:
  i. Supported the retention of the following text in paragraph (g): “while revising restrictions within existing abortion laws and policies to safeguard the lives of women and adolescent girls”.
  ii. Strengthen collaboration between governments and CSOs to ensure a multi-sectoral approach to address maternal mortality and morbidity.

(d) Japan:
  In line 2, insert “particularly in developing countries” after “skilled health personnel”.

(e) Viet Nam:
  Replace “emergency obstetric care” with “emergency obstetric and newborn care”.

(f) United States of America:
  Add “access to” before “family planning” and “services and information” after “family planning”.

Paragraph i) (g) bis

Philippines proposed the following:
“Fully engage the participation and involvement of men in ensuring the promotion and protection of their and their partners reproductive health and rights.”

Paragraph i) (h)

(a) Japan:
  Delete the term “microbicides”.

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(b) Islamic Republic of Iran:
   In line 8, insert after “commodities” the phrase “including all required medicines for treatment of people living with HIV and AIDS”.

Paragraph i)(i)

(a) Islamic Republic of Iran:
   i. Insert “as appropriate” after “Address”.
   ii. Delete the phrase “legal and policy” from line 1.
   iii. Delete “particularly among key affected populations, including sex workers, persons who inject drugs, men who have sex with men, transgender people and mobile populations” and end the paragraph after “support”.

(b) Lao People’s Democratic Republic:
   Replace “men who have sex with men” with “homosexual people”.

Paragraph i) (k)

(a) United States of America:
   Insert the term “communication” between “innovative” and “technologies”.

(b) Russian Federation:
   Modify “reproductive health services” to “reproductive health-care services”.

Paragraph i) (l)

(a) Islamic Republic of Iran:
   Insert “safe” in line 2, after “comprehensive”.

(b) United States of America:
   Include after “commodities”, the phrase “include as one key element”.

(c) Russian Federation:
   Modify “reproductive health services” to “reproductive health-care services”.

Paragraph i) (m)

(a) Russian Federation:
   i. Replace “victims/ survivors of gender-based violence” with “women and girl victims of violence”.
   ii. Modify “reproductive health services” to “reproductive health-care services”.

(b) Islamic Republic of Iran:
   Replace the phrase “reproductive health programmes” with “reproductive health-care programmes”.

(c) India:
   Highlight the importance of legal frameworks in addressing violence against women and girls.
(d) United States of America:
Include reference to emergency contraception and safe abortion in circumstances where it is not against the law.

Paragraph i) (m) bis

Japan proposed the following:
“Support community and religious leaders to actively participate in the promotion of sexual and reproductive health”.

Paragraph i) (n)

(a) Islamic Republic of Iran, with support from Azerbaijan:
Insert “safe”, “care”, and “in accordance with ICPD” as follows:
“Ensure that sexual and reproductive health and reproductive rights and women’s rights receive increased attention in humanitarian assistance and post-crisis recovery by providing access to timely, safe quality, affordable and acceptable sexual and reproductive health care and gender-based violence information and services, in particular for women and girls in accordance with ICPD.”

(b) Russian Federation:
Modify “reproductive health services” to “reproductive health care services”.

Consolidated statement by CSOs:

36. The CSOs congratulated member States for their commitment to the ICPD Programme of Action and its review processes, as well as the joint secretariat team for their work in preparing the draft outcome document. The CSOs recommended the retention of this subsection in its full form with additional inputs that further protect, promote and fulfil sexual and reproductive health and rights of individuals. They requested the inclusion of sexual and reproductive health sub-accounts within national health accounts to track financial resource flows for sexual and reproductive health services at the national level.

ii) Gender equality and women’s empowerment

37. The Regional Preparatory Meeting considered the content of the “Section III ii) Gender equality and women’s empowerment” and made the following suggestions for change:

General comments:

(a) Australia, with support from Pakistan, India and Nepal:
Supported all of the priority actions as proposed as they were consistent with the outcomes of the fifty-seventh session of the Commission of the Status of Women.

(b) Japan, with support from China and India:
Raised the issue of ensuring that all data were gender-disaggregated.

(c) China, with support from Mongolia:
Recommended the incorporation of a gender perspective in population dynamics.
Nepal: Requested the inclusion of the relevant commitments pertaining to sexual violence in United Nations Security Council Resolutions 1325 and 1820.

Viet Nam, with support from Bhutan, India, Afghanistan, Cambodia: Requested inclusion of the need to mainstream a gender perspective into strategies, plans and programmes in all socioeconomic sectors.

Paragraph ii) (a)

(a) Russian Federation, with support from Azerbaijan and Bangladesh: Replace “victims and survivors” with “women and girl victims of violence”.

(b) Nepal, with support from Bhutan, India and Bangladesh: Add the underlined text as follows: “gender perspective, including gender resource budgeting”.

(c) United States of America, with support from Nepal and India: Include “within comprehensive multi-sectoral national plans for gender equality” after “ensure gender equality at the local, national, regional and international levels.”

Islamic Republic of Iran: Delete “persons with diverse gender identities”.

Paragraph ii) (d)

(a) Russian Federation, with support from Azerbaijan: Modify “victims/ survivors of gender-based violence” to “women and girl victims of violence”.

(b) Viet Nam, with support from Bhutan: Retain the existing text of “victims/ survivors of gender-based violence”.

(c) Japan: Delete mention of “24-hour hotlines”.

(d) India, with support from Nepal: Retain mention of “24-hour hotlines”.

(e) Indonesia: i. Replace “police protection” with “law enforcement”. ii. Include mention of “indigenous people”.

Paragraph ii) (e)

(a) Bhutan, with support from China and Afghanistan: Insert “women” as follows: “Fully engage with women, men and boys”
(b) China, with support from Indonesia, Bangladesh and India:
Include reference to men's participation in promoting gender equality.

(c) Mongolia:
Address the concerns of violence against women married to foreign men.

Paragraph ii) (e) bis

Islamic Republic Iran proposed the following:
"Design, adopt and implement evidence-based and effective policies and programmes focusing on empowerment of female headed households, through providing them with adequate socioeconomic and health support and services".

Paragraph ii) (f)

(a) Viet Nam, with support from China:
Include mention of "distorted population composition, including sex ratio at birth imbalance".

(b) India:
Replace with: "Eliminate all forms of discrimination against the girl child, early and forced marriage and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection, through appropriate legal and institutional frameworks, strengthening the enforcement mechanism, capacity building of doctors, midwives, law enforcement agencies and judges, and increased public awareness on the value of the girl child".

Paragraph ii) (h)

(a) Australia, with support from Nepal and Bhutan:
Requested stronger language on women's leadership, recommending an approach that encouraged women's leadership at every level, from the household to community, to working together to influence regional and national policies.

(b) United States of America:
Replace “appropriate” with “necessary”.

Paragraph ii) (i) bis

Japan proposed the following:
“Ensure each State prepares and shares a common set of gender statistics stipulated by the United Nations Statistical Division”.

Consolidated statement by CSOs:

38. CSOs proposed the following for consideration in revising the draft outcome statement:

(a) Mainstream the meaningful involvement and participation of women and girls in the development, implementation and evaluation of policies and programmes.
Use gender responsive planning and budgeting to ensure adequate resource allocation.

End child marriage and improve access to essential sexual and reproductive health services for adolescents and youth, regardless of age and marital status.

Hold men and boys accountable for their actions for prevention of violence and promoting gender equality.

Ensure that the rights of widows and older women are protected.

Review punitive laws which penalize and criminalize abortion, in line with the Beijing Platform of Action.

iii) Ageing

The Regional Preparatory Meeting considered the content of the “Section III iii) Ageing” and made the following suggestions for change:

General comments:

Papua New Guinea:
Noted the usefulness of the subsection for policy setting in the future.

Paragraph iii) (b) bis:

United States of America:
Add a new paragraph on strengthening data collection and analysis in consideration of paragraphs (a) and (b).

Paragraph iii) (c):

(a) United States of America:
Replace “rights” by “human rights” of older persons, and add “develop sustainable social protection and other policies” before the phrase “and to coordinate and track resource allocation for ageing”.

(b) Afghanistan:
Include reference to “mobilizing” external resources.

Paragraph iii) (d):

United States of America:
Replace “affect” with “limit”.

Paragraph (e):

United States of America:
Begin the paragraph with “Ensure gender differentials in longevity and the conditions of life of older persons are taken into account in” and delete “mainstream the gender dimensions of”.
Paragraph iii) (e) bis:

Japan proposed the following:
“Assess the lives and family-situation of older persons and provide necessary systems for those who live alone and/or away from the rest of the family.

Paragraph iii) (g):

United States of America:
Replace “Adapt” with “Strengthen”, and replace “in response to” by “to prepare for and respond to”.

Paragraph iii) (g) bis:

Japan proposed the following:
“Share experiences and good practices to cope with an ageing society, especially regarding social safety nets, such as pensions, health/long-term care insurance, and social protection for the elderly as well as community action”.

Paragraph iii) (i):

United States of America:
Replace “Enact gender aware laws and regulations” with “Implement and monitor laws and regulations on the basis of gender equity and equality”.

Paragraph iii) (k):

Mongolia:
Include a reference to the formation of “organizations for” older persons.

Consolidated statement by CSOs:

40. Ensure actions match the intention defined in the policies to enable people to live with dignity and free from discrimination at all stages of their life.

iv) Young people

41. The Regional Preparatory Meeting considered the content of the “Section III iv) Young people” and made the following suggestions for change:

General comments:

Cambodia:
Highlight the needs of young people with disabilities.

Paragraph iv) (a):

Viet Nam:
Add “youth-friendly” after “sustainable”.
Paragraph iv) (b):

(a) Islamic Republic of Iran:
Delete “sexual and reproductive”, replace “involvement” with “participation and engagement”, and end the sentence there.

(b) Indonesia:
Add a reference to responsibility.

(c) United States of America:
Add “coercion and violence” after “discrimination”.

(d) Philippines:
Add “and their parents” after the phrase “involvement and the participation of young people”.

Paragraph iv) (c):

(a) Viet Nam:
i. Expressed support for paragraph (c).
ii. Add the word “psychology” after “anatomy”.

(b) Philippines:
Expressed support for paragraph (c).

(c) Islamic Republic of Iran:
Revise to: “Design and implement culturally and age-appropriate youth-friendly comprehensive sexuality education programmes that respect rights, duties and responsibilities of parents, provide accurate information about human sexuality, including growth and development, sexual anatomy and physiology; reproduction, contraception; pregnancy and childbirth, HIV and AIDS, STIs; family life and interpersonal relationships; culture and sexuality, human rights empowerment; non-discrimination, equality and gender roles, sexual behaviour, sexual abuse, gender-based violence, harmful practices; as well as opportunities to explore values, attitudes and norms concerning sexual and social relationships, promote the acquisition of skills and encourage young people to assume responsibility for their own behaviour and to respect the rights of others; and are culturally and age-appropriate, gender-sensitive and life-skills based and provide young people with the knowledge, skills and efficacy to make informed and responsible decisions about their sexuality, taking into account scientific data and evidence;”

(d) Russian Federation
Expressed reservations on the use of the term “comprehensive sexuality education” and agreed to the Islamic Republic of Iran’s suggested deletion of “comprehensive”. Indicated that, should the Meeting decide on retaining the paragraph, they would suggest moving “culturally and age-appropriate” to the first sentence, before “youth-friendly”, and including the reference to parents, as suggested by Islamic Republic of Iran.
Paragraph iv) (d):

Islamic Republic of Iran:
Revise to: “Ensure that health-care services and attitudes of health-care providers do not restrict the access by adolescents to appropriate services and the information they need, including on sexually transmitted infections and sexual abuse, and recognizes that in doing so, and in order to, inter alia, address sexual abuse, these services must be age-appropriate, respect rights, duties and responsibilities of parents safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs, and that in this context, countries should, where appropriate, remove legal, regulatory and social barriers to sexual and reproductive health information and care for adolescents;”

Paragraph iv) (e):

Australia:
If the term “enact and strictly enforce laws concerning the minimum age of legal consent” is used there should be an additional statement recommending that the age of consent of sex should be set at an age relevant to the onset of sexual activity in adolescents. Consensual sexual activity between adolescents who are similar in age should not be criminalized.

Paragraph iv) (g):

(a) Viet Nam:
Add “planning, implementing and monitoring and evaluating” after “decision-making”.

(b) United States of America:
Revise to: “Enable young people to make better use of their opportunities to participate in decision-making, to develop and strengthen opportunities for young people to learn their human rights and their responsibilities, promote and enable their social and political participation, and removing obstacles that limit affect their full contribution to society, and promote to and support youth associations, volunteer groups and entrepreneurship;”

Paragraph iv) (g) bis:

Philippines proposed the following:
“Improve data generation on youth to identify their needs and develop plans and strategies which are evidence-based”.

Consolidated statement by CSOs:

42. Recommended the retention of this subsection in its current full form.

43. Include reference to encouraging member States to promote the human rights of and access to services by adolescents and youth regardless of their age and marital status.
v) Education

44. The Regional Preparatory Meeting considered the content of “Section III v) Education” and made the following suggestions for change:

General comments:

(a) Afghanistan:
Prioritize education in the order of the priorities for action in Section III.

(b) China:
Follow ICPD Programme of Action language that explains the relationship between education and population and sustainable development.

Paragraph v) (a):

(a) Afghanistan:
Add “and refugees” after “children of migrants” at the end of the paragraph.

(b) India:
i. Add “quality” after “free and compulsory”
ii. Add a reference to providing the necessary job-skills to prevent young people from becoming unemployable.

Consolidated statement by CSOs:

45. Ensure universal access to inclusive formal, informal and non-formal education that is free and of high quality and that includes vulnerable and marginalized groups, as stated in the World Action Programme on Youth, the Global Youth Forum outcome document and the Commission on the Status of Women fifty-seventh session’s outcome document on critical elements for keeping girls in school including the provision of scholarships for girls.

vi) International migration

46. The Regional Preparatory Meeting considered the content of the “Section III vi) International migration” and made the following suggestions for change:

General comments:

(a) United States of America:
Asked the secretariat to review the subsection on international migration in order to incorporate relevant language from recent resolutions, such as the 2013 Commission on Population and Development resolution on migration, and called for the inclusion of trafficking of women and girls, and dangerous categories of work faced by many female migrants such as domestic workers.

(b) Japan:
Include the following:
i. Register foreign residents so they can benefit from social protection, including health-care coverage.
ii. Share international migrants' statistics and other relevant information for active and effective human resource interaction in the region.

iii. Identify the root causes of emigration and minimize the adverse effect of the brain drain by providing better social infrastructure and opportunities which also contribute to the development of sending countries.

Paragraph vi) (a):

(a) Russian Federation:
   i. Delete “the” after “protect” and replace “freedom” with “ freedoms”.
   ii. Delete everything after “law instruments”.

(b) Malaysia:
   Delete the word “legal”.

(c) China:
   Add “ and risks” at the end of the paragraph.

Paragraph vi) (d):

(a) Russian Federation:
   Revise to: “Promote dialogue and establish cooperation between countries of origin and destination, in cooperation with the private sector and civil society, as appropriate, to provide social protection and health care to migrants, especially health care, including sexual and reproductive health services, life and accident insurance, portable pension systems, and low cost money transfer options;”

(b) China:
   ii. Add “ social inclusion” after “ social protection”.
   iii. Add reference to sharing data among countries.

Consolidated statement by CSOs:

47. Include specific actions to address the needs of refugees, asylum seekers and displaced persons, as stated in the ICPD Programme of Action, particularly in Chapter 9 Section C and Chapter 10 Section D.

48. Include actions aimed at the development of rights-based migrant health indicators and collection and generation of disaggregated data.

49. Implement education and life-skills programmes that empower migrants, including undocumented migrants, to make choices and decisions that affirm their human rights, bodily integrity and sexual and reproductive health and rights at all stages of the migration cycle.

vii) Urbanization

50. The Regional Preparatory Meeting considered the content of the “Section III vii) Urbanization” and made the following suggestions for change:
General comments:

(a) United States of America:
Review this subsection, taking into account the 2013 Commission on Population and Development resolution on urbanization, with stronger language on the risks and threats that girls and young women face as rural to urban migrants, including sexual violence and exploitation.

(b) Japan:
   i. Provide measures to properly monitor the situation and quantity of migrants to be reflected in appropriate national, regional and community planning, considering that there are more internal than international migrants.
   ii. Provide measures to prevent and mitigate urban natural disasters, such as urban floods, and ensure the provision of the necessary and prompt assistance to affected populations, especially vulnerable people.

(c) Viet Nam:
Agreed with Japan’s comments on internal migration.

(d) India, with support from Bangladesh:
Consider the positive aspects of rural to urban migration, promote urbanization, as it renders health-care and other services more economically viable, and ensure it is a planned, sustainable and equitable process.

(e) Bangladesh:
Include reference to safety, security and health care insurance for the migrants from rural areas.

Paragraph vii) (a):

Indonesia:
Clarify the term “access to credit” and whether it refers to financial credit as well as financial inclusion.

Paragraph vii) (d):

Indonesia:
Add “water and sanitation” after “housing”.

Paragraph vii) (g) bis:

Islamic Republic of Iran proposed the following:
“Note the increasing number of ‘mega cities’ in the region and encourage the exchange of experiences and best practices for successful management of population related problems in such cities, including the provision of basic services as well as internal migration”.

viii) Population and environment:

51. The Regional Preparatory Meeting considered the content of the “Section III viii) Population and environment” and made the following suggestions for change:
General comments:

(a) India with support from Afghanistan:

(b) Russian Federation and Japan, with support from India, China, Indonesia and Afghanistan:
Change the title of this subsection to “population and sustainable development”.

Paragraph viii) (a):

India:
Add “ability-differentiated” after “age-disaggregated”.

Paragraph viii) (a) bis:

Japan proposed the following:
“Recognize the need to increase efforts to achieve the eradication of poverty and hunger, including though increasing food production and productivity on a sustainable basis to ensure food security and using limited natural resources effectively, such as effective use of water through irrigation infrastructure.”

Paragraph viii) (c):

(a) Democratic People’s Republic of Korea, with support from Bhutan:
Replace with “Promote public education, with special attention to youth, about the need for sustainable production and consumption patterns and sustainable natural resource use and prevention of environmental degradation”.

(b) Afghanistan:
Add “and men” after “rural women”.

Paragraph viii) (f):

(a) Japan:
Add “including proper policy implementation such as ensuring employment” at the end of the paragraph.

(b) Mongolia:
Add, “in planning and decision-making processes on economic activities that affect the environment” at the end of the paragraph.

(c) Russian Federation:
Identify the source of language for the sentence “ensure proactive forecasting of the consequences of climate change”.

32
Consolidated statement by CSOs:

52. Acknowledge the impact of environmental degradation, climate change, deforestation, conflict and related migration and displacement particularly focusing on the increased vulnerabilities of women and young people.

SECTION IV: MODALITIES FOR IMPLEMENTATION AT THE NATIONAL, REGIONAL AND GLOBAL LEVELS

53. The Regional Preparatory Meeting considered the content of the “Section IV: Modalities for Implementation at the National, Regional and Global Levels” and made the following suggestions for change:

General comments:

(a) India:
   i. Include local and district-level partnerships.
   ii. Include CSOs and community-based organizations in partnerships.
   iii. Empower communities to ensure accountability of service providers.
   iv. Promote cooperation and partnership with regard to information and communication technologies.
   v. Ensure stronger political commitment at all levels.

(b) Lao People’s Democratic Republic:
   Clarify and include reference to funding, for example official development assistance and the need for more contributions.

(c) Philippines:
   i. Combine paragraphs (b) and (g) on capacity building of institutions, and combine (i) and (g) on partnerships.
   ii. Add a paragraph on strengthening the promotion of creation of awareness on the concept of integration of population and sustainable development to all stakeholders at all levels.

(d) Bangladesh:
   i. Encourage Governments, CSOs and the private sector to work together, especially since population and development require multi-sectoral approaches.
   ii. Encourage political leaders, imams (religious leaders), local elites, and school teachers to work together on population and development.

Paragraph (a) (0):

Islamic Republic of Iran, with support from Nepal:
Add a paragraph as follows: “Confirm that the outcome document should provide an effective response to population and development challenges beyond 2014 and its inter-linkages with the post 2015 United Nations development agenda.”

Paragraph (a):

Islamic Republic of Iran:
   i. Delete “accountability” between “regional” and “mechanisms”.
ii. After “taking into account”, add “, as appropriate,.”.

Paragraph (c):

(a) United States of America:
Add “continuing” and delete “the” before “implementation”.
(b) Islamic Republic of Iran:
Revise to: “Ensure Conduct regular monitoring and evaluation by relevant national authorities of progress towards the implementation of the ICPD Programme of Action and its related follow-up outcomes, as well as the recommendations of the present outcome document, and utilize reflect, as appropriate, the findings to inform national and regional policies and programmes;”

Paragraph (d):

(a) Afghanistan:
Ensure financial modalities cover both post-conflict and stable countries, and countries with different income levels.
(b) United States of America:
Add “continuation and” before “fulfilment”.
(c) Islamic Republic of Iran:
Add “required new and additional resources,” after “the present outcome document, with”.

Paragraph (e):

(a) Islamic Republic of Iran:
   i. Replace “utilize rights-based approaches” with “reflect a holistic approach”.
   ii. Add, “by relevant national authorities” at the end of the paragraph.
(b) Lao People’s Democratic Republic:
   i. Replace “develop” with “strengthen” and add “national statistical offices and” before “relevant national institutions”.
   ii. Replace “and use these data” with “and increase the use of these data”.

Paragraph (g):

Afghanistan:
Add “and coordination mechanisms” after “partnerships”.

Paragraph (g) bis:

Islamic Republic of Iran proposed the following:
“Ensure, in support of national development efforts, an enabling international environment, supportive of universal, non-discriminatory, timely and affordable access to medicines, vaccines, commodities, equipment, technologies and other supplies required for comprehensive provision of health-care services, to guarantee basic human rights of women, children, adolescents, older persons and other groups in vulnerable situations.”
Paragraph (i):
Islamic Republic of Iran:
Add “, as appropriate, “ after “Strengthen”.

Paragraph (j)(v):
Islamic Republic of Iran:
Add “while fully respecting the principles of national leadership and ownership” after “Ensure”.

Paragraph (j)(v) bis:
India, with support from Japan, Afghanistan, Bhutan and Indonesia:
“Facilitate the sharing of best practices among member States on use of information and communication technology in population and development related issues, and also universal health-care approaches in an appropriate manner and at an appropriate time. “

Consolidated statement by CSOs:
(a) Strengthen accountability mechanisms, taking into consideration the principles of human rights, empowerment, participation and transparency.
(b) Include CSOs in national coordination mechanisms.
(c) Encourage the development of cost-analysis of action plans at the country level.
(d) Encourage ESCAP member States to include ICPD agreements and APPC outcomes in their Government’s official position on the post-2015 development framework.

54. In concluding, the secretariat expressed its appreciation to the Regional Preparatory Meeting for the above-mentioned suggestions to all sections of the draft outcome document. It indicated that every effort would be made to address the suggested changes bearing in mind the need to ensure coherence and consistency in the draft outcome document. The secretariat indicated that the revised draft outcome document would be issued to members and associate members by early July 2013 with a deadline for further comments of 15 working days from the date of issuance.

X. ADOPTION OF REPORT

55. The Regional Preparatory Meeting adopted its report on 10 May 2013.
ANNEX I
ADDITIONAL PRIORITY AREAS SUGGESTED BY
THE ISLAMIC REPUBLIC OF IRAN

(i) Poverty and employment

a) Reaffirm that eradicating poverty is the greatest global challenge facing the world today and an indispensable requirement for sustainable development. In this regard we are committed to free our people from poverty and hunger as a matter of urgency. pp2 of the Rio+20

b) Recognize that poverty eradication, full and productive employment and decent work for all, and social integration and protection are interrelated and mutually reinforcing, and that enabling environments to promote these needs to be created at all levels. (The future we want 147)

c) Reaffirm our commitments regarding the right of everyone to have access to safe, sufficient and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger. We acknowledge that food security and nutrition has become a pressing [global] challenge and, in this regard, we further reaffirm our commitment to enhancing food security and access to adequate, safe and nutritious food for present and future generations including children under two (The future we want 108)

d) Recognize that a significant portion of the world’s poor live in rural areas, and that rural communities play an important role in the economic development of many countries. We emphasize the need to revitalize the agricultural and rural development sectors. We recognize the importance to take the necessary actions to better address the needs of rural communities through, inter alia, enhancing access by agricultural producers, in particular small producers, women, indigenous peoples and people living in vulnerable situations, to credit and other financial services, markets, secure land tenure, health care and social services, education and training, knowledge, and appropriate and affordable technologies, including for efficient irrigation, reuse of treated waste water, water harvesting and storage. We reiterate the importance of empowering rural women as critical agents for enhancing agricultural and rural development and food security and nutrition. We also recognize the importance of traditional sustainable agricultural practices, including traditional seed supply systems, including for many indigenous peoples and local communities. (The future we want 109)

e) Focus on bolstering agricultural productivity and output quality and a sharp increase in agricultural productivity can accomplish several things simultaneously: (i) reduced hunger; (ii) reduced child mortality through improved nutrition; (iii) reduced maternal mortality through improved nutrition; and (iv) higher household incomes and economic growth; (70 a partial - Keeping the promise: a forward-looking review to promote an agreed action agenda to achieve the Millennium Development Goals by 2015 - A/64/665)

f) Emphasize the need to accord the highest priority to poverty eradication within the United Nations development agenda, addressing the root causes and challenges of poverty through integrated, coordinated and coherent strategies at all levels. (The future we want 106 partial)
g) Recognize the importance of job creation by adopting forward-looking macroeconomic policies that promote sustainable development and lead to sustained, inclusive and equitable economic growth, increase productive employment opportunities and promote agricultural and industrial development. (The future we want 150) We emphasize the need to enhance employment and income opportunities for all, especially for women and men living in poverty and, in this regard, we support national efforts in Asia and the Pacific region to provide new job opportunities to the poor in both rural and urban areas, including support to small and medium enterprises. (The future we want paragraph 151) including by promoting equal skills development and employment opportunities, reducing wage gaps between women and men; (paragraph 72b - Keeping the promise: - A/64/665)

h) Concerned about labour market conditions and widespread deficits of available decent work opportunities, especially for young women and men. We urge all governments in Asia and the Pacific to address the challenge of youth employment by developing and implementing strategies and policies that provide young people access to decent and productive work, as over the coming decades, decent jobs will need to be created to be able to ensure sustainable and inclusive development and reduce poverty. (The future we want 148)

i) Address the high rates of youth unemployment, underemployment, vulnerable employment and informal employment by developing and implementing targeted and integrated national youth employment policies for inclusive job creation, improved employability, skill development and vocational training to meet specific labour market needs of youth, including youth migrants, and increased entrepreneurship, including the development of networks of young entrepreneurs at the international, regional, national and local levels, which foster knowledge among young people about their rights and responsibilities in society, (CPD Resolution 2012/1 Adolescents and youth) We encourage the sharing of experiences and best practices on ways to address the high levels of unemployment and underemployment, in particular among youth. (The future we want 155)

j) Access to decent and productive employment and promotion of entrepreneurship is fundamental to pro-poor growth and efforts to address poverty and hunger. Successful programmes, especially employment-intensive initiatives, small and medium-sized enterprise promotion, employment guarantee schemes and conditional cash transfers, as well as vocational and technical training and entrepreneurial skills development, especially for unemployed youth, can yield positive results in reducing poverty and should be more widely applied to cover larger parts of the population, especially women and in rural areas; (70d - Keeping the promise: - A/64/665)

(ii) Health

a) Note with concern that, despite some progress made in public health in the last decade, for millions of people throughout the world the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including, inter alia, access to medicines, vaccines and commodities, equipment and other supplies and to comprehensive primary health-care services, health promotion and disease prevention, still remains a distant goal and that, in many cases, especially for those living in poverty and populations in vulnerable or marginalized situations, this goal is becoming increasingly remote, (CPD Resolution 2010/1 Health, morbidity, mortality and development)
b) Reaffirm that good public health is better achieved through a combination of good public health policies, including multisectoral policies that stress better nutrition, safe drinking water, hygiene, sanitation and sustainable urbanization and that effectively combat major risk factors, (CPD Resolution 2010/1 Health, morbidity, mortality and development)

c) Urges Governments in the Asia and the Pacific region to strengthen health systems so that they can deliver equitable health outcomes on the basis of a comprehensive approach by focusing appropriate attention on, inter alia, health financing, the health workforce, procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery, planning and implementation, universal access, and political will in leadership and governance; (para7, CPD Resolution 2010/1 Health, morbidity, mortality and development)

d) Emphasizes the need to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all, as well as the need to increase the healthy lifespan and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries of the region; (para 9. CPD Resolution 2010/1 Health, morbidity, mortality and development)

e) Acknowledge that the burden and threat of non-communicable diseases (NCDs) constitutes one of the major challenges for our region. We commit to strengthen health systems toward the provision of equitable, universal coverage and promote affordable access to prevention, treatment, care and support related to NCDs, especially cancers, cardiovascular diseases, chronic respiratory diseases and diabetes. We also commit to establish or strengthen multi-sectoral national policies for the prevention and control of non-communicable diseases. We recognize that reducing inter-alia air, water and chemical pollution leads to positive effects on health. (The future we want 141)

f) Address the special needs of persons with disabilities in the national population policies and programmes.

(iii) Data and Statistics

a) Strengthen national statistical systems at all levels to produce reliable and internationally comparable statistics on population and social and economic development in a timely manner to help to monitor regional, national and international development.

b) Support collection and analyzing of data at the household level, in cooperation with research and statistical institutions, as appropriate, on ICPD-related issues to design policy interventions;

c) Develop national human capital through training, proper recognition and incentives to generate good-quality data and fully exploit the potential of the data for evidence-based management and programing.

d) Use new technologies for data collection and processing to ensure their proper use and cost-effectiveness and sustainability;

f) Ensure timely availability and easy accessibility of data files and statistics for national and international users through the Internet and World Wide Web.
ANNEX II
COUNTRY PROGRAMMES AND INITIATIVES

1. The following countries briefed the Regional Preparatory Meeting about policies, programmes and initiatives being implemented by them in line with the commitments made under the ICPD Programme of Action.

India

2. Recognizing that violence against women and children must be unequivocally condemned and tackled, the Government of India promulgated an Ordinance in February 2013 amending the Criminal Law to significantly broaden the definition of sexual assault and harassment including new kinds of violent behaviour and greater accountability of public offices. Designated courts were also established to fast track cases of violence against women, while a dedicated fund was set up to ensure dignity and safety of women. One-stop help lines were set up to support victims and survivors of violence against women, and a dedicated fund was set up to finance policies and programmes to address violence against women and girls.

3. Under the National Rural Health Mission (NHRM), about 0.9 million community links workers called “ASHAs” transformed the delivery of maternal and child health services in the country. A national helpline was set up to provide counselling on sexual and reproductive health issues.

Japan

4. Japan would host the “ASEAN and Japan High Level Officials Meeting on Caring Societies” from 3 to 5 December 2013 in Tokyo, with the theme “Active Aging”. The main purpose of the meeting would be to develop and reinforce human resources in health, welfare and Labour sectors in ASEAN countries.

5. In order to share good practices and experiences on health care for older persons, Japan was implementing two projects on the development of a community-based integrated health-care and social welfare services for older persons in Thailand and a project on long-term care service development for the frail, older persons and other vulnerable people. Japan was also implementing a project entitled “Dissemination of Employment and Labour Measures for recovering from the Giant East Japan Earthquake”. The main purpose of the project was to build capacity of the private and public sector regarding natural disaster responses in developing countries in Asia.

Pakistan

6. The significant steps taken by the Government of Pakistan to implement the ICPD Programme of Action included the adoption and implementation of the following policies and programmes: National Maternal and Child Health Policy; Prime Ministers Program for Family Planning and Primary Health Care; National Policy for Development and Empowerment of Women. Pakistan was also focusing on increasing resource allocation, strengthening primary health-care services and emergency obstetric care and motivating health-care human resources by good governance. It was expected that these endeavours would lead to the formulation of evidence based national policies, reproductive health
services which would be affordable, accessible, and culturally acceptable and, finally, a responsive health system.

7. Pakistan also congratulated ESCAP for convening the Regional Preparatory Meeting for the Sixth Asian and Pacific Population Conference and appreciated the role of the United Nations Population Fund (UNFPA) in organizing this important conference with ESCAP in order to assess the status of implementation of the Programme of Action of the International Conference on Population and Development.
ANNEX III

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