

EXECUTIVE REPORT AND RESOURCES

Parliamentarians' Forum at Women Deliver 2016 16 - 19 May 2016 | Copenhagen, Denmark

WOMEN DELIVER Parliamentarians' Forum











WOMEN DELIVER Parliamentarians' Forum











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Cover Photo:

AFPPD Delegation at the Danish Parliament (R-L): **Hon. Ms. Ermalena Muslim Hasbullah**, MP Indonesia; **Hon. Dr. Mya Thaung**, MP Myanmar; **Hon. Dr. Jetn Sirathranont**, MP Thailand; **Hon. Ms. Khayriniso Yusufi**, MP Tajikistan; **Hon. Ms. Dina Mahalximi Upadhyay**, MP Nepal; **Hon. Ms. Mahtab Akbar Rashdi**, MP Pakistan; **Hon. Dr. Khin Nyo**, MP Myanmar; **Hon. Dr. Sharman Stone**, MP Australia; **Ms. Mika Marumoto**, AFPPD Executive Director

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Background:

Members of Parliament (MPs) play a central role in advancing the Sustainable Development Goals (SDGs), improving the lives of women and girls in their home countries and abroad. The European Parliamentary Forum on Population and Development (EPF), in cooperation with other regional parliamentarians' fora including the Asian Forum of Parliamentarians on Population and Development (AFPPD) brought together around 80 Parliamentarians from around the world in a **Parliamentarians' Forum during the 4th Women Deliver Conference**. The Parliamentarians' Forum was intended to offer an excellent opportunity for new and motivated parliamentarians to meet with well-known champion members of parliament (MPs) in advancing sexual and reproductive health and rights (SRHR) at the national, regional and global levels.

Objectives of the Parliamentarians' Forum:

The Parliamentarians' Forum was organized by the EPF on 17-19 May 2016 (**Annex 1**), to which the AFPPD delegation actively contributed. The Forum aimed to enable a productive and structured dialogue on the successes, challenges and obstacles in advancing women's and girls' health and rights and delivering solutions for their advancement on a global scale. The Parliamentarians' Forum attempted to enable participants to focus in-depth on the most critical issues surrounding the rights, health, empowerment and well-being of women and girls, to develop strategies and sharpen programmes that improve these aspects.

Participants from Asia-Pacific (AFPPD) & Selection Criteria:

Requested by the EPF, the AFPPD assembled a small delegation comprised of five MPs from our Members National Committees to support their participation in the Forum (the list below 1-5). Additionally, some Asia-Pacific MPs were supported by UNFPA Country Offices, including two MPs from Myanmar and Hon. Ms. Ermalena Muslim Hasbullah (MP Indonesia; Chair of Indonesian Forum of Parliamentarians on Population and Development.

- 1. Hon. Dr. Jetn Sirathranont (MP Thailand; AFPPD Secretary-General)
- 2. **Hon. Dr. Sharman Stone** (MP Australia; AFPPD Vice-Chair; Chair of Australia Parliamentary Group on Population and Development);
- 3. **Hon. Ms. Dina Mahalximi Upadhyay** (MP Nepal; Co-chair of AFPPD's Standing Committee on Investing in Youth; Chair of the Nepalese Forum of Parliamentarians on Population and Development);
- 4. **Hon. Ms. Mahtab Akbar Rashdi** (MP Pakistan; President of RAHNUMA: Family Planning Association of Pakistan);
- 5. **Hon. Ms. Khayriniso Yusufi** (MP Tajikistan; Vice-Speaker of the Lower House of Parliament; Co-chair of AFPPD's Standing Committee on Investing in Youth);
- 6. **Hon. Ms. Ermalena Muslim Hasbullah** (MP Indonesia; Chair of Indonesian Forum of Parliamentarians on Population and Development) funded by UNFPA Indonesia;
- 7. **Hon. Dr. Mya Thaung** (Mr.) MP Myanmar funded by UNFPA Myanmar; and
- 8. Hon. Dr. Khin Nyo (Ms.) MP Myanmar funded by UNFPA Myanmar.

AFPPD's decision to send the above-mentioned MPs was based on the following factors: significant contributions by the MPs to AFPPD's relevant regional and global activities in the past; national level legislative activities related to women's and girls' empowerment and sexual and reproductive health and rights (SRHR); and AFPPD's need to reach out potential and prospective member countries. Furthermore, this year is in a critical transition period for AFPPD to make its newly established Standing Committees truly effective institutions so that they can play an impactful role to make strategic recommendations to the AFPPD Executive Committee. As such, the AFPPD Secretariat made a decision to include specifically Co-chairs of the Standing Committee on Investing in Youth in order to set high standards of Co-chairs' roles and responsibilities as in the first year of the AFPPD's Strategic Cycle.

AFPPD Parliamentarians in Action:

May 17, 2016:

Hon. Dr. Jetn Sirathranont (Thailand) co-chaired the opening session of the Forum with the EFP Chair, Hon. Ulrika Karlsson, MP Sweden. During his introductory remarks, Hon. Jetn shared his valuable experience that his participation in the 2014 International Conference of Parliamentarians on Implementation of the International Conference on Population and Development Programme of Action (IPCI) in Stockholm inspired and prompted him to push the adolescent pregnancy



bill in his country. He was convinced that participating in regional and global parliamentarian conferences such as IPCI is beneficial for MPs to get inspired and gain knowledge on good practices to apply to legislation and policymaking in their respective countries. Thailand's recently promulgated Adolescent Pregnancy Prevention and Alleviation Act is one example. (Annex 2).

Hon. Dr. Sharman Stone (Australia) delivered opening remarks representing the AFPPD, sharing her advocacy work at home and abroad for promoting women's and girls' rights. She also introduced and launched the AFPPD's new publication supported by the Department of Foreign Affairs and Trade of the Australian Government (DFAT), the International Planned Parenthood Federation South Asia Regional Office (IPPF SARO) and the European Commission: *Parliamentary Good Practices*



for Effective Implementation of Laws and Policies for Prevention of Trafficking.

She also chaired the plenary session where a keynote speech was delivered by the UN Special Advisor Mr. David Nabarro. His presentation centered on new development framework: Women and Girls in the Sustainable Development Goals (SDGs) (Annex 3). Women Deliver

CEO Ms. Katja Iversen was also present to welcome the participating parliamentarians.

May 18, 2016:

The delegation visited the Danish Parliament to participate in the main programme of the Parliamentarians' Forum. The guest of honor was H.R.H. Princess Sarah Zeid (**Annex 4**); other speakers included the IPPF Director-General Mr. Tewodros Melesse, UNFPA Director Mr. Arthur Erken, and Ms. Julia Bunting, President of Population Council.

Hon. Ms. Upadhyay (Nepal) represented the Asia-Pacific countries, participating in a youth session arranged by the Danish Parliament to conduct a dialogue between the youth and parliamentarians. Througout the Women Deliver conference, using her recent experience of organizing the South Asia Parliamentarians' Meeting on Child Marriage in Kathmandu in March 2016, Hon. Upadhyay shared with participating MPs on the progress being made at her Parliament in terms of implementation of the commitments in



the Kathmandu Declaration (**Annex 5**). Under Hon. Upadhyay's leadership and initiative, the Declaration was translated into Nepalese and disseminated to parliamentarians and other stakeholders in Nepal.

May 19, 2016:

Regional Caucus Meetings:

Hon. Ms. Mahtab Rashdi (Pakistan) and Hon. Ms. Khayriniso Yusufi (Tajikistan) delivered speeches at the regional caucuses, the Southern & Western Asian Regional Caucus arranged by Rutgers Pakistan and the Central Asia





and Eastern Europe Regional Caucus, respectively. Hon. Rashdi shared Pakistan's historical background and fight against child marriage, while Hon. Yusufi shared her parliament's continuing campaign to ensure that pregnant women be treated in a dignified way during their pregnancy and delivery (**Annex 6:** Hon. Yusufi's speech). Please also see Hon. Mahtab's legislative work to fight child marriage being featured in this link:

https://www.youtube.com/watch?v=zkMsf6UoNP8

Hon. Ms. Ermalena Muslim Hasbullah (Indonesia), Hon. Dr. Mya Thaung, Hon. Dr. Khin Nyo (Myanmar), and Hon. Stone (Australia) participated in the Southeast Asia and Pacific







Regional Caucus meeting, organized by Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), in cooperation with the AFPPD and Unzip the Lips, and supported by Women Deliver and PATH. The session was designed to enhance collaboration and joint advocacy efforts for the implementation of the SDGs as they relate to women and young people (Annex 8: Concept Note).

The session started with two informative presentations: one by **Mr. Sandeep Prasad**, Executive Director, Action Canada for Sexual Health & Rights and a Member of the High-Level Task Force for the International Conference on Population and Development (ICPD) on *Accountability for Agenda 2030* (**Annex 9**) and the other by **Mr. Kabir Singh**, APA Executive Director, on *Agenda 2030 and the Fulfilment of Sexual Rights for Women and Young People* (**Annex 10**). The presentations were followed by three working groups' sub-sessions.

Hon. Dr. Jetn co-facilitated a working group on the topic of access to safe abortion services; the working group discussed how civil society and parliamentarians can work together to ensure that commitments to the related SDGs are upheld by the governments in our region. Hon. **Dr. Thaung** co-facilitated a working group on the topic of young people's sexual rights. Major outcomes of the Regional Caucus are reflected in *CALL TO ACTION - Deliver for Women and Young People in South East Asia and the Pacific: Sexual Rights are Human Rights*! (**Annex 11**).



The AFPPD delegation held a briefing meeting on May 16, and a debriefing session on the last day to reflect what the MPs learned during the Women Deliver Conference, and what follow-up actions to be taken by them.

Major Outputs:

- 1. AFPPD successfully launched the new publication on trafficking and disseminated to participating parliamentarians and other stakeholders.
- 2. All the participating MPs completed their assignments and contributed to the Forum and Regional Caucus meetings, while increasing knowledge on women's and girls' rights through numerous plenary and concurrent sessions at the Women Deliver Conference.
- 3. AFPPD's outreach to Myanmar MPs had a positive impact on the further development of the AFPPD's relationship with the Parliament of Myanmar.

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Parliamentarians' Forum at Women Deliver 2016

Draft Programme

Day 1 - 16 May 2016 -15:00-16:00- meeting room C1-M0, ground floor of the Bella Center

15:00-16:00

- Co-Chairs: **Hon. Ulrika Karlsson, MP**, Sweden EPF President and **Senator Jetn Sirathranon**, Thailand, Secretary General AFPPD
- Welcome by co-hosts (3 minutes each briefly introduce regional delegation)
 - Hon. Sharman Stone, MP, on behalf of AFPPD (Asia, including KAS & GHS delegations)
 - o **Hon. Dr Sahar Al Qawasmi, MP**, (Palestine) on behalf of the FAPD (Arab World)
 - o Hon. Marie-Rose Nguini-Effa, MP, (Cameroon), Chair APFPD (Africa)
 - Hon. Volda Lawrence, MP (Guyana), IAPG (Americas)
- Briefing and orientation by **Neil Datta**, EPF Secretary
 - o About Women Deliver 2016 and programme
 - About Parliamentarians' Forum
 - o Briefing on logistics
 - o Mutual expectations of Parliamentary participation in Women Deliver 2016

19:30-21:30 - **Parliamentary Dinner with UNFPA Executive Director**, Dr. Babatunde Osotimehin, BM restaurant

o Welcome by **Hon. Ulrika Karlsson, MP, Sweden** – EPF President

Day 2 - 17 May 2016 - 13:30-15:00 - meeting room 180+181, 1st floor AC Bella Sky hotel

- Chair: **Hon. Marie-Rose Nguini-Effa, MP**, Cameroon, Chair APFPD and **Hon. Sharman Stone, MP**, Australia, AFPPD
- 13:30-13:45 The responsibility of parliamentarians to deliver for women and girls, **Hon. Ulrika Karlsson, MP**, EPF President
- 14:00-14:20 Keynote speech on New development framework: Women and Girls in the SDGs by **David Nabarro**, UN Special Adviser on Agenda 2030
- 14:20-14:45 Personal welcome and introduction of "Deliver for Good" by **Katja Iversen**, Women Deliver CEO
- Q&A

Day 3 - 18 May 2016 - 8:30-13:30 - Danish Parliament

- 08:30: Departure from Bella Centre
- 09:15 10:00 Arrival Christiansborg, Getting through security, coffee/tea outside Fællessalen/ meeting room
- 10:00 10:10 Welcome
 - Hon. Mette Gjerskov, MP, Denmark, Chair All-Party Parliamentary Network on Sexual and Reproductive Health and Rights
 - o Hon. Sylvia Ssinabulya, MP, Uganda, APFPD (TBC)
- 10:10 10:20 Keynote speech : Leaving no one behind the needs of women and girls in the worst settings, **HRH Princess Sarah Zeid**, Co-chair EWEC Every Where (CONFIRMED)
- 10:20 11:00 Panel discussions: Women and girls at the centre of the SDGs
 Each panellist will be given one question to answer 1 question. HRH Princess Zeid is invited to join the panel for Q & A:

Moderator: Hon. Mette Gjerskov, MP, Denmark, Chair All-Party Parliamentary Network on Sexual and Reproductive Health and Rights

- Mr Arthur Erken, Director of Communications & Strategic Partnership Division, UNFPA
 - Question: How can/will the SDGs deliver for women and girls, and what is the role for MPs in this connection?
- Mr Tewodros Melesse, Director General, IPPF
 Question: How can/will the SDGs deliver for the most vulnerable and on the most sensitive issues? What is the role of civil society?
- Ms Julia Bunting, President, Population Council
 Question: How are SRHR, adolescents, and sustainable development linked?
- 11:00 11:15 Active break Comprehensive sexuality session by DFPA. Linked to youth event at city hall.
- 11:15-11:45 New avenues for delivering for women and girls: innovative solutions and new partnerships

Moderator: Hon. Alcira Carola Arraya Borges, MP (Bolivia)

- Ms Priya Agarwal, Merck for Mothers
- Ms Beth Schlachter, Executive Director, FP 2020 O&A
- 11:45-12:00 Closing
 - o Hon. Highvie Hamududu, MP, Zambia, APFPD (TBC)
 - Hon. Yildiz Akdogan, MP, Chair of the Gender Equality Committee
 - o Hon. Ane Halsboe-Jørgensen, MP, Chair of the Foreign Affairs Committee

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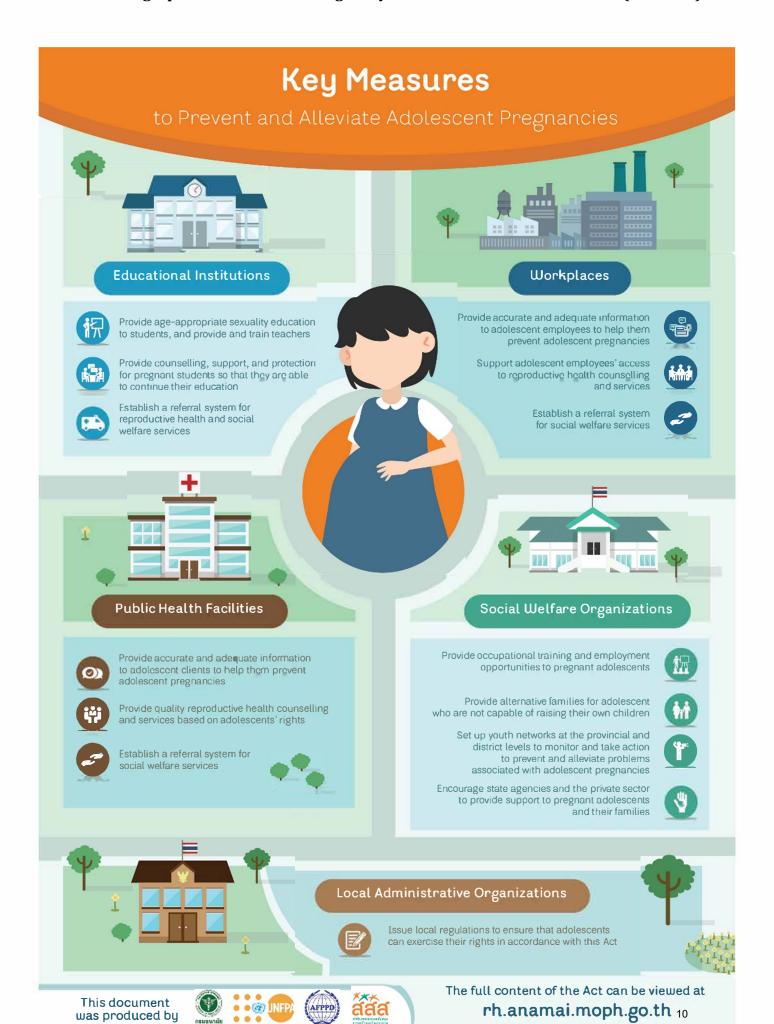
- 12:00-13:00 Lunch hosted by Danish Parliamentarians
- 13:00-13:30 transfer back from Parliament to Bella Centre

Day 4 - 19 May 2016 -13:00-14:45, meeting room 180+181, 1st floor AC Bella Sky hotel

- Co-Chair: Hon. Hazel Brandy Williams, MP, St. Christopher and Nevis and Senator
 Petra De Sutter, Belgium
- 13:00-13:30 Keynote address by **Dr Chris Elias,** President of the Global Development Program, Bill & Melinda Gates Foundation
 - o Q&A (15 minutes)
- 13:45-14:30 Emerging issues:

- o Women's Health in the age of the Zika virus, **Hon. Iris Montenegro de Rodriguez, MP,** Nicaragua
- Women and girls health in humanitarian settings, Hon. Dr Sahar Al Qawasmi, MP, Palestine
- The politics of women and girls' emancipation, Hon. Marija Ausrine Pavilionene,
 MP, Lithuania
- o Q&A
- Closing
 - o Brainstorming what will Parliamentarians do upon leaving Women Deliver 2016?
 - o Parting thoughts from **Hon. Ulrika Karlsson, MP,** Sweden EPF President

* * *



Annex 3. Remarks by Dr. David Nabarro

Special Adviser on 2030 Agenda for Sustainable Development

Draft Remarks at the Women Deliver Parliamentarians Forum

Bella Conference Center, Room 180-181, 17 May 2016, 14:00-14:30 (Event: 13:30-15:00)

Key Messages:

- Women and girls are at the heart of the SDGs; a strong emphasis on gender equality and rights will help ensure that we shape the world we want in the next 15 years;
- The updated EWEC Global Strategy, launched by the UNSG and world leaders at UNGA, is a front-runner platform to deliver on all of the SDGs, not just on health; and
- Parliamentarians can commit to improving accountability; making the health of women, children and adolescents a top political priority; funding and implementing evidencebased national health plans; and working towards universal health coverage to avoid catastrophic health expenditures.

Introduction

• It is a great honor for me to share some thoughts at the outset of this very valuable opportunity for open dialogue amongst national parliamentarians.

Women and Girls in the SDGs

- The wellbeing of women and girls is inextricably interwoven into the fabric of the Sustainable Development Goals.
- As we enter the next era of development, a stronger emphasis on gender equality and rights can help to ensure the physical and mental wellbeing of women, children and adolescents and "Transform" our world into a prosperous and sustainable society.
- This ranges from progress on women's economic empowerment, to the elimination of violence against women and girls; from ending child and forced marriage, to improving the accessibility and affordability of health services.
- Alongside the adoption of the SDGs last September, the UN Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health. This Global Strategy was developed through a **broad and open consultative process, including discussions at last year's assembly of the Inter Parliamentary Union.**

Global Strategy Highlights

- It builds on progress achieved through the Every Woman Every Child movement since 2010. This Global Strategy is much broader, more ambitious, and more focused on equity than its predecessor from the MDG era.
- The three objectives of the Global Strategy —Survive (end preventable deaths), Thrive (ensure health and well-being) and Transform (expand enabling environments)— establish a roadmap to bring about the change needed to create a more sustainable future.
- Like the SDGs, it is universal and applies to all people (including the marginalized and hard-to-reach), in all places (even in the most challenging settings), and to transnational issues.
- This agenda is not just about health. The Global Strategy will also guide greater
 integration among actors in the health sector as well as across other sectors that have the
 biggest impact on health and well-being —such as nutrition, education, water, hygiene
 and sanitation, clean energy and infrastructure bringing together multi-stakeholder
 partners and combining innovative financing and accountability mechanisms to help
 achieve the SDGs.
- Full implementation of the Global Strategy, with increased and sustained financing over the next 15 years, would yield tremendous social and economic returns, including an end to preventable deaths, a 10-fold return on investments and at least US\$ 100 billion in demographic dividends.

Role of Parliamentarians

- Assessing progress and holding all stakeholders to account for their actions will be crucial to achieve the transformation envisaged by the Global Strategy and the SDGs.
- The Global Strategy is bolstered by a Unified Accountability Framework for resources, results and rights at the country, regional and global levels and between different stakeholders and sectors.
- To ensure an objective technical assessment of progress on the Global Strategy, the Secretary-General appointed a nine-member Independent Accountability Panel to deliver an annual "State of Women, Children and Adolescent Health Report".
- We all have a role to play. Parliamentarians in particular have an important leadership role through policy- and law-making, budgeting and increasing accountability for women's, children's and adolescents' health and wellbeing -- thereby ensuring that citizens' voices are heard.
- Parliamentarians can: pledge to make the health of women, children and adolescents a
 political priority; assure a budget is allocated for comprehensive, evidence- and human
 rights-based national health plans with a focus on reaching marginalized peoples;
 introduce or amend legislation and policies in line with human rights principles including
 gender equality; and strengthen the capacity of parliament to move towards universal
 health coverage.
- Collective action is needed to harness the power of partnership and achieve the objectives of the Global Strategy for the health and wellbeing of every woman, child and adolescent.

- Four of the regional parliamentary networks on population and development (IAPG, AFPPD, EPF, APFPD) who are here today have joined the Every Woman Every Child movement and made a formal commitment for joint action over the next 4 years to achieve the goals of the Global Strategy, by working with parliamentarians across party lines to advance reproductive health and rights for women and girls.
- Political leadership at the highest level is vital to prioritizing the needs and rights of women, children and adolescents across government sectors. Effective country leadership is a common factor across those countries making the fastest progress on improving the health of women, children and adolescents.

Closing thoughts

- Implementing the Global Strategy will allow us to ensure that women, children and adolescents everywhere not only survive, but thrive and fulfill their potential to transform the world by 2030. In short, the Global Strategy represents a roadmap for realizing the well-being of women, children and adolescents, an essential ingredient to the success of the SDGs as a whole.
- The Secretary-General has called on all partners to join the Every Woman Every Child movement to set the foundation for healthier, equal and more prosperous lives for generations to come.
- We encourage your Governments to make commitments in support of the updated Global Strategy for Women's, Children's and Adolescents' Health and to announce them here or at the World Humanitarian Summit or the World Health Assembly next week. And most importantly, to translate these commitments into real action to ensure that implementation of the Global Strategy reaches every woman, every child, every adolescent, everywhere.
- I thank you for the opportunity of sharing these thoughts with you today, and hoping they result in tangible efforts to "Transform" our world over the next 15 years.

Parliamentary Address by HRH Princess Sarah Zeid Copenhagen, Denmark May 2016

I am deeply honored to be here and to have the opportunity to address you. Thank you for having me, and thank you for your kind attention.

Open any newspaper, magazine or turn on a current events program and you confront often horrific evidence of how marred our world is by crisis, climate instability, conflict and contagion.

So much about our daily lives seems shaped by forces beyond our grasp. So much suggests that uncertainty is our only certainty. And in the face of these global and local challenges, the disagreement about how we respond are often deep and impassioned.

Why then am I going to talk about maternal and infant health, and insist they be a priority for every woman, every child everywhere?

Because behind every headline, there are mothers, their children and newborn babies, and because the health and wellbeing of mothers and their children is the key-stone to sustainable development, allowing a woman to participate, contribute, be a resilient first responder, and play her part in peace and security.

Thousands fleeing conflict? Is actually hundreds of small children in the arms of desperate mothers – brothers and sisters trailing behind, fathers missing - all confused, everyone afraid, each facing an unknown, rather than continue to face the horror of the known.

It is estimated that women and children make up 75% of a population in need.

Millions displaced? Is really a count of the hundreds of thousands of broken families in flight.

In Jordan's immediate neighborhood, right now, there are over a million people stranded in northern Iraq; 250,000 Syrians on the Turkish border; and 62,000 on Jordan's boarder. All desperate, on the run and without access to adequate services - and again, 75% are women and children.

Climate instability and natural disasters? Did you know that women are up to 14 times more likely to die than men in a natural disaster? Women die in disproportionately higher numbers because they often live under the force of social norms that require them be accompanied by a male family member when outside the home, so they do not flee early enough, or fast enough, or far enough.

The particular role that women play in the care of children and of the elderly further slows their escape. Their lack of opportunity or permission to practice such protection activities like the

ability to swim or to climb a tree – all account for the extraordinary differences in survival rates.

Sexual slavery in conflict? Sexual violence as a weapon of war? The most intimate, degrading and cowardly of attacks are not between combatants, but against civilians, perpetrated against thousands of women, girls and boys as well. Often a deliberate policy of conflict – not merely its collateral consequence – rape is chosen for its potency to destroy the victim, her community, and all who love her.

A New York Times article on mass rapes in March of this year began: "First they killed her husband. Then, the South Sudanese woman said, government soldiers tied her to a tree and forced her to watch as at least 10 of them raped her 15-year-old daughter."

Unmet Millennium Development Goals for maternal and infant survival? This is the story of thousands of women's lives lost - in pregnancy and childbirth - to <u>preventable</u> causes in fragile settings. Thousands of newborn babies, who – for <u>entirely preventable</u> ble reasons - do not live long enough to see their first birthday.

This is the real meaning of crisis unabated; of conflict unchecked; of natural disasters for which we are ill prepared.

How then, can <u>we NOT talk</u> of maternal and infant health, and put it at the heart of everything we do?

After all, pregnancy waits for no one – not war zones, hurricanes, or epidemics. As predictable as hunger and the need for food, and as essential as shelter, sexual and reproductive health is ever present, but most gravely eroded in humanitarian and fragile settings.

Neither conflict, nor contagion nor climate, changes the enduring reality that pregnant women need services if both mother and newborn are to survive; that mothers need support if they and their children are to thrive; that women and girls need specific protection measures if they are to be safe from sexual violence and exploitation.

This web of human tragedy and disaster - be it man-made or Mother Nature - is global. The number of refugees, asylum-seekers and internally displaced people worldwide has exceeded 50 million people. And it is civilians - women, newborns, children and adolescents - that are suffering the most, with their most basic and critical needs largely left unmet.

The health and dignity of women, their newborn babies and their children is NOT a business – but it is <u>our</u> business.

They are NOT measurable targets and their needless suffering is NOT a mere percentage loss. But if we do not target their needs better and more effectively, we all lose.

And, they are not JUST thousands of "migratory movements" or millions of faceless "displaced", any more than they are "swarms" or "hordes" or "cockroaches".

They <u>are</u> our beloved mothers, daughters, sisters and tiny babies. They are at the center of our lives, of our families, communities, our economies and at the very heart of peace and security, and we cannot afford to fail them.

And, unless grounded in constant compassion and anchored in our legal obligations to uphold their rights, our actions (and inaction) will come back to haunt us - at triple the cost, continued radicalizing of local, national and international politics and ultimately breaking the back of our collective future.

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It takes almost no courage to ride the wake of people's fears, condense the complex knots of globalization, aggression and of

historic misdeeds into false binaries of "foreign" versus "familiar", of "border protection" versus "welcome", of "them" not "us."

More than ever before, we can witness even the most distant events in real time. Very little is hidden from view in our technological wonderland world, except that which we choose not to see. Choose not to see because perhaps it is too ugly, too inconvenient, or too uncomfortable.

Standing up for truths is harder than bowing down to our worst fears.

And when we bow down to our worse fears, when we choose not to see, we readily choose not to act, except to turn our eyes away; to bury our heads; reassuring ourselves that it could never happen to us.

My family could never be murdered, never lose everything and be left adrift.

Dying during childbirth and children left without a mother happens far away, to women with darker skin, in places that don't surprise you.

And yet....

And yet....

My father-in-law was studying abroad in 1958, when the Iraqi royal family - his uncles, aunts and cousins, with whom he had been raised as brothers and sisters - were slaughtered. The British government of the time, anxious for access to Iraq's rich oil reserves, turned their backs - overnight - on my father-in-law and his parents. They left my husband's family homeless, stateless and with nothing to their name but hastily stuffed suitcases.

Six years ago, I gave birth to my third child. Moments after her delivery, I suffered from an Amniotic Fluid Embolism, a rare and catastrophic event. For 24 hours my doctors did not know if I

would live or die. Had I died, I would have left motherless my 8year-old son, 6-year-old daughter and a newborn baby girl.

I think for us both, what happen was beyond our worse fears, but they were not the end. For my father-in-law, a new life began when His late Majesty King Hussein invited him and his Swedish bride to Jordan. Such was my father-in-law's gratitude to His Late Majesty and the country for their welcome, he has spent the last 55 years working devotedly for Jordanians, and has raised five children, all with advanced degrees, and all imbued with the same sense of humility and service.

For me, the horror of what happened is with me every single day, and the horror of what might have been will never leave me.

So too is the knowledge that I live and breathe for the wellbeing, health and happiness of my children, and I will do anything to keep them safe. But, how do you do this in a crisis setting – in the midst of conflict, chaos or destruction? Where do you go when your labour pains are fierce? When your tiny baby refuses to feed and becomes listless? Or in the middle of the night when your child is burning with fever? How can you protect your daughters when bathrooms are open places shared by many, or when sex has become a currency?

Barrel bombs, air strikes, hospitals destroyed and medics killed. The schools are gone, food is scarce and the light of hope at the end of the tunnel has long gone out.

I would run. I would take a boat. I would face every fear and the unknown for my children. We would flee too if we could. We would be refugees.

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John Kenneth Galbraith found the key characteristic of great leadership to be "the willingness to confront unequivocally the major anxiety of their people in their time."

Leadership of a nervous people facing fearful times is a courageous business.

It demands we focus on life cycles not only electoral ones; on menstrual cycles and not just financial ones; on the ebbs and flows of El Nino more than political polls, and that we exercise an unrelenting commitment to the constant and unchanging need for courageous leadership in the face of uncertain times.

Peter Maurer, the President of ICRC, recently said: "Instability is spreading. Suffering is growing. No country can remain untouched." And no place or person or leader can continue without an urgent and honest change of heart and focus to action.

The Prime Minister of Fiji - in a bruising speech about the devastation brought to the Pacific Islands by climate change – called the cohort of inaction "the coalition of the selfish".

This is NOT the world I want to raise my children in, nor the examples I want them to follow, nor is it the inheritance they deserve.

I, like the millions of parents who are migrants, refugees, or displaced, wish for our children a better life than that.

We want to be part of a coalition of bold honest action to change the world for the better, because we have understood too well just how bad it can be.

If we can be joined together – bonded in the rights we have in common, strengthened by the richness of our diversity and founded in regard for the uniqueness of our respective contribu-

tions, then we can be galvanized - people, parliaments, government, the private sector and international donors - to do more, for more, and we can do it better.

And in this, I want to be held accountable first and foremost to women and children who today are at gravest risk of being left far, far behind.

Annex 5. The Kathmandu Declaration (2016)

KATHMANDU DECLARATION

Declaration of the South Asia Parliamentarians' Meeting on Child Marriage: "Accelerating our Collective Efforts to End Child Marriage"

22-23 March 2016, Kathmandu, Nepal

We Parliamentarians, representing 13 countries from the Asia Pacific Region, gathered together on 22-23 March, 2016 in Kathmandu, Nepal, to discuss the importance of designing and implementing laws and policies to promote accountability and accelerate our collective efforts both nationally and sub-regionally for ending early, forced and child marriage.

Preamble

Recognizing early, child, and forced marriage as a grave violation of fundamental human rights, an unlawful harmful practice, and a severe form of violence against children and child labor;

Understanding early, child, and forced marriage is often a symptom of entrenched gender inequality, social inequality, poverty, and inter-generational violence and discrimination;

Recognizing that the elimination of early, child, and forced marriage is necessary for strengthening universal peace and freedom, and to achieve the Sustainable Development Goals and the International Conference on Population and Development priorities [according to SDG Target 5.3];

In light of the Convention on the Elimination of all Forms of Discrimination Against Women, in its Article 16(2), obliging all signatory States to adopt a minimum age for marriage, require marriage registration, and nullify the betrothal and marriage of children;

Considering the Convention on the Rights of the Child, setting an international standard for the definition of a child as any person under the age of 18 in its Article 1, and calling for the abolition of traditional practices prejudicial to the health of children in its Article 24;

Recalling the Universal Declaration of Human Rights, the International Convention on Civil and Political Rights, and the International Convention on Economic, Social, and Cultural Rights, obliging States to promote gender equality and equal access to education and opportunity through legislation and policy, and to take steps, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in these instruments;

Asserting that our sub-regional inter-governmental bodies, the South Asian Association for Regional Cooperation (SAARC), the Association of Southeast Asian Nations (ASEAN), and the Pacific Islands Forum (PIF), and Parliaments in Central Asia have a critical role to strengthen accountability of member States to mainstream gender equality and SRHR priorities and enable parliamentarians and all branches of government to play an essential advocacy and monitoring role on policy and legal reform and implementation;

Recalling the Seoul Statement of Commitment of the 9th Regional Women Parliamentarians and Ministers Conference on Gender Equality and the Post-2015 Development Agenda of May 2013, the Manila Statement of Commitment of the 10th Women Ministers and Parliamentarians Conference on Progressing SRHR and gender equality into Beijing+20 of September 2014, and the Siem Reap Statement of Commitment from the Regional Parliamentarians' Meeting on Prevention of Violence Against Women and Girls of October 2014;

Recalling existing national-level commitments of all of our member States to eradicate early, child, and forced marriage, achieve gender equality, and protect children from all forms of violence;

Reaffirming the crucial role of parliamentarians in ensuring policy and legislative changes are adequately resourced, communicated, and implemented to eradicate the practices of early, child, and forced marriage;

Recalling the duty of parliamentarians to support the development of effective, accountable, and transparent institutions and ensure participatory decision-making at all levels;

We hereby endorse and embrace the Kathmandu Commitment to accelerate our collective efforts to end early, child, and forced marriage to:

- 1. Identify and address, and have a zero-tolerance policy towards early, child, and forced marriage as a fundamental violation of human rights, a form of violence against women and children, a form of child abuse and child slavery, and as a public health crisis, and commit legislative, political, and financial efforts and resources to eradicate it;
- 2. Ensure all States adopt and implement a comprehensive and harmonized set of laws that establish the minimum age for marriage at no lower than age 18, for all genders, define child marriage in accordance with international standards, adopt and implement laws making birth and marriage registration free and compulsory, adopt and implement penalties for the perpetrators of child marriage that fit the gravity of the crime, and end impunity for early, child, and forced marriage;
- 3. Commit resources to understanding and addressing the role of men and boys in the continuation of gender inequality and early, child, and forced marriage, both as perpetrators and victims of early, child, and forced marriage, and promote the universal understanding of the harmful effects of early, child, and forced marriage and early and frequent childbearing, particularly upon young girls;
- 4. Engage a multi-stakeholder approach to addressing early, child, and forced marriage on national and sub-national levels, enhancing the direct participation of children in the process, as well as civil society advocates for the rights of women and children;
- 5. Design appropriate legislative measures to create legal and social remedies for the survivors of early, child, and forced marriage, such as alimony, compensation, marriage annulment, educational and healthcare assistance, and psycho-social support;
- 6. Design policies and action plans that carefully consider the root causes of early, child, and forced marriage in each country-context, dedicating adequate financial resources to research, policy design, planning, and implementation, as well as strict oversight of financial and program activities;

- 7. Promote universal public awareness of the dire health consequences of early, child, and forced marriage, both for the young spouses and their children;
- 8. Ensure that gender equality, women's empowerment, the eradication of child marriage, and the eradication of all forms of violence against women and children remain priority legal, program, and policy issues;
- 9. Increase the active and meaningful participation of women and girls in civic, political, and social life, and provide for free and compulsory school enrollment and attendance through reducing or eradicating school fees, increasing geographic access to schools, incorporating comprehensive sexuality and reproductive health education for all, and developing alternative and vocational programs to reach children who are no longer in formal education;
- 10. Enhance legislative and policy protections for women's and girls' access to and control over property and other assets in order to enhance their economic opportunities and social status, reducing their vulnerability to early, child, and forced marriage;
- 11. Foster collaboration, partnerships and interdependence among branches of government, and create and support partnerships between government, political parties, regional and national human rights institutions, local community leaders, faith communities, civil society organizations, non-governmental organizations, and inter-governmental and donor organizations, with the aim of creating holistic, effective, and sustainable solutions to the root causes of early, child, and forced marriage.

Adopted in Kathmandu, Nepal on March 23, 2016 by 25 Members of Parliament.

Hon. Mrs. Khayriniso Yusufi

Vice-Speaker of the Lower House of Tajikistan Co-Chair of the AFPPD's Standing Committee on Investing in Youth Central Asia Regional Caucus Meeting at 4th Women Deliver Conference 19 May 2016

Copenhagen, Denmark

I would like to thank all participants and panelists for their interest in this very sensitive, important and acute issue of treatment of pregnant women.

Being a mother of four children and representing over 4 million women at the Tajik Parliament, I'm aware of many cases of disrespectful treatment at pregnancy and deliveries.

Sometimes, I'm not personally able to understand why:

- As majority of health providers in our countries are women: Why WOMEN are being ill-treated by WOMEN in a most challenging time of their lives?
- Why women ALLOW this ill-treatment?
- How should we address the situation? And what can I personally do?

Of course, as distinguished panelists mentioned, there has been some progress in various parts of the world and I see certain progress and positive changes in my country:

Thanks to the effective care protocols developed and introduced by the Ministry of Health with the support of WHO and UNFPA and other partners, women in health facilities have now offered more choices, including:

so-called "partner deliveries" individual maternity wards, free position in birth, and intake of food and drinks in deliveries.

Baby-friendly maternity hospitals were opened, and health professionals were trained on the basics of respectful treatment of mothers and infants.

As a Member of Parliament, I initiated the revision of the Reproductive Health Law and bylaws that legislated these changes.

Prior to the revision, the Parliament held hearings on the status of the reproductive health and maternity services in Tajikistan and invited independent experts to contribute.

I sincerely believe ill-treatment of a woman in labor is also a form of violence.

In Tajikistan, I also chaired the working group on development of the Law on Prevention of Domestic Violence.

The Law not only emphasized the acuteness of the problem but increased the role of the women in the family, community, and society.

Under my leadership, the National Committee on Population and Development has been established.

The Committee brought together Parliament, key government ministries, civil society, and mass-media to address acute issues pertaining to the population and development.

One of the first meetings of the Committee was dedicated to the issue of safe motherhood and provision of friendly and quality maternity services to women.

We work in the communities and with health providers to promote ideas and principles of respecting rights, dignity, and human personality.

I would like to thank all organizers, contributors, and participants for convening today's session and generating open and frank discussion and exchange.

BUT THE JOURNEY OF THOUSAND MILES JUST BEGAN.

Tomorrow, we, women-activists, members of parliament, leaders and champions, all return to our home countries. I call on our continuous hard work and your inspiration, dedication, energy and power to end human rights violations and ensure respectful maternity care in our countries, in the region, and in the world.

Rephrasing the UN Secretary General Mr. Ban Ki-moon, I would like to state:

Ill-treatment of a woman in a most important moment of her life and in a moment of the beginning of a new life is never acceptable, never excusable, and never tolerable!!!

Annex 8. Concept Note: South East Asia and the Pacific Caucus, 2016 Women Deliver 4th Global Conference by Asia Pacific Alliance (APA)



SOUTH EAST ASIA AND THE PACIFIC CAUCUS

2016 WOMEN DELIVER 4th GLOBAL CONFERENCE

Title: South East Asia and the Pacific Regional Caucus

Theme: Agenda 2030 and the Fulfilment of Sexual Rights for Women and Young People

Date: 10:30 -12:00 on Thursday, 19 May 2016

Registration: available on the Women Deliver website at: http://wd2016.org/programs/conference-

special-events/regional-caucuses/

Venue: Bella Center in Copenhagen, Denmark

Overview: Nine regional caucuses will be organized at the Women Deliver 4th Global Conference in May 2016. The South East Asia and the Pacific caucus is being organized by the Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), in collaboration with Unzip the Lips and the Asian Forum of Parliamentarians on Population and Development (AFPPD), and is supported by Path and Women Deliver.

Background: Agenda 2030 is a broad and ambitious sustainable development agenda which pledges to leave no one behind. For women and girls, one of the strengths of new agenda is the inclusion of sexual and reproductive health and reproductive rights in Sustainable Development Goals (SDGs) 3 and 5. However, sexual rights, which are integral to women's bodily autonomy, have been omitted from the agenda. Sexual rights broadly encompass 'the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence"¹.

The lack of promotion and fulfilment of sexual rights in South East Asia and the Pacific is one of the critical barriers to achieving the health and well-being of women and young people, and to achieving sustainable development. In this region many countries still criminalize same sex behaviour and sex work, sexual minorities are widely discriminated against, and violence against women can reach endemic levels. Specific barriers facing young people include parental consent laws regarding access to sexual and reproductive health services and lack of access to comprehensive sexuality education. Access to modern contraception varies widely in the region, with greater socio-cultural and policy barriers for young unmarried women.

¹ This definition is taken from the 2013 Montevideo Consensus, the only consensus definition agreed upon by UN Member States. Other civil society definitions go further – see, for example, the Sexual Rights Initiative list of sexual rights issues at http://sexualrightsinitiative.com/about-us/who-we-are/

Aspects of sexual rights are included in several of the new Sustainable Development Goals (SDGs), particularly in Goals 3, 4, 5, 10 and 16. To ensure that these commitments are fulfilled, sustained and targeted advocacy by multiple stakeholders will be necessary along with robust, transparent and participatory follow-up and review processes. To this end, one key entry point is the upcoming meeting of the UN High Level Political Forum on Sustainable Development, taking place 11-20 July 2016.

Objectives: The **overall aim** of the South East Asia and the Pacific Caucus is to ensure accountability for Agenda 2030 commitments related to sexual rights of women and young people. It will achieve this through:

- Bringing together diverse stakeholders from a variety of sectors in the region, including
 parliamentarians, young people, government and activists, to engage in constructive dialogue
 and discuss national and regional priorities for achieving for the fulfilment of sexual rights
- Identifying national level actions and advocacy entry-points for implementation of the SDGs related to the sexual rights of women and young people
- Increasing the capacity of stakeholders to engage and ensure accountability for commitments to sexual rights through Agenda 2030 processes and other international frameworks

Outcomes:

- Enhanced multi-stakeholder collaboration at the regional and national levels in South East Asia and the Pacific, including shared advocacy goals to ensure accountability for the SDG commitments related to the sexual rights of women and young people
- Recommendations prioritizing the essential elements for follow-up and review processes at national, regional and global level, including key asks targeting the High Level Political Forum
- Increased capacity of civil society to engage with governments and other key stakeholders in Agenda 2030 and related processes

Participants: The caucus will bring together diverse stakeholders to discuss major priorities and strategies for strengthening political and financial commitments to the sexual rights of women and young people through Agenda 2030, including parliamentarians, representatives of governments intergovernmental bodies, young people, representatives of NGOs and INGOs and UN agencies.

Countries of the South East Asia and the Pacific Region included in the Caucus: Brunei Darussalam, Cambodia, China, Fiji, French Polynesia, Guam, Indonesia, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, New Caledonia, Northern Mariana Islands, Palau, Papa New Guinea, Philippines, Samoa, Singapore, Solomon Islands, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu, Viet Nam.

Annex 8.1. Programme Agenda: South East Asia and the Pacific Caucus, 2016 Women Deliver 4th Global Conference by Asia Pacific Alliance (APA)



FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

SOUTH EAST ASIA AND THE PACIFIC

Regional Caucus, 2016 Women Deliver Conference

Agenda 2030 and the Fulfilment of Sexual Rights for Women and Young People

SPEAKERS AND FACILITATORS

- Jackie Edmond, Chair, Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA)
- Sandeep Prasad, Member, High Level Task Force for ICPD
- Kabir Singh, Executive Director, APA
- Hon Dr Mya Thaung, Chairperson, Parliamentary Committee on Women's and Children's Rights, Myanmar
- *Puspa Dewi*, National Coordinator, Aliansi Remaja Independen
- Hon Dr Jetn Sirathranont, Senator, Thailand
- Lily Liu Liqing, Country Director, MSI China
- Nazneen Damji, Policy Advisor, UN Women
- Natt Kraipet, Member, Unzip the Lips

THURSDAY, 19 MAY 2016, 10:30 -12:00 ROOM B4-3 REFRESHMENTS WILL BE SERVED







Agenda 2030: Follow-Up and Review

- General Principles of Follow-up and Review:
 - Resistance to "accountability"
 - Large emphasis on voluntary nature of follow-up and review
 - Open, participatory and transparent for all people
 - Gender-sensitive, respect for HR
 - Involves report by all relevant stakeholders
 - Building on existing platforms and processes
 - Reference to sub-national reviews as well
 - Significant focus on importance of data and disaggregation (& supporting capacity in that respect

Agenda 2030: Follow-Up and Review (cont'd)

- HLPF (Global Level)
 - Voluntary National Reviews (22 countries for 2016 session, including Philippines and Samoa), common reporting guidelines (at least twice)
 - Annual theme, which would likely involve review of a set of goals (2019 tentatively themed around inclusiveness – Australia pushing for Goal 5 to be reviewed every year)
 - Scope for CS contributions, but unclear how that applies to the country reviews.
 - Will draw on and consider relevant work by other UN bodies (linkages potentially with CPD, CSW, IHR system etc)
 - Reports to be prepared and considered include: Annual SDG progress report (annual reporting on global indicators) and Global SD report (every 4 years – focussed on science-policy interface)
 - HLPF to provide a light review

Agenda 2030: Follow-Up and Review (cont'd)

- Expectations of <u>regional</u> level follow-up and review
 - Voluntary reviews, sharing of best practices
 - Regional processes will draw on national level process and feed into global
 - Up to each region to determine what forum is suitable for engagement, but regional commissions to support
 - Expectations that regional level indicators would be developed to supplement global ones
- Expectations of <u>national</u> level follow-up and review
 - National action plans encouraged
 - While voluntary, States have committed to national level reviews recognizing participation and importance of national parliaments
 - Expectation for nationalization of global and regional indicators, including factors of disaggregation in addition to income, sex, age, race, ethnicity, migratory status, disability and geographic location

Human Rights Principles of Accountability

- Needs to be accountability, not merely evaluation
- Monitoring important BUT HUMAN-RIGHTS BASED monitoring
 - Not just outcomes! Concerned about changes in structural factors over time, process indicators (policy and budgetary efforts)
 - Outcome indicators should look across AAAQ, and need to look at both objective and subjective indicators
 - Disaggregation along sex, ethnicity, location, age, wealth quintile, education, etc.
- Need a mix of processes mechanisms to ensure accountability at all levels
 - Effective, transparent, and accessible
 - Participatory; emphasis on non-discrimination
 - (e.g. national, regional and global HR systems can play an important role for SDG accountability)
 - Oversight administrative, social, political, legal, and international accountability focused on promoting the accountability of professionals, institutions, health system, private actors, and donors
 - Remedies restitution, compensation, guarantees of non-repetition, satisfaction (declaration of wrongfulness)



South East Asia & Pacific Caucus

Agenda 2030 and the Fulfillment of Sexual Rights for Women and Young People

Kabir Singh, Executive Director

Women Deliver 4th Global Conference 19 May, 2016: Copenhagen, Denmark



Caucus Countries

Brunei Darrusalam	Kiribati	New Caledonia	Solomon Is.
Cambodia	Lao PDR	Northern Mariana Is.	Thailand
China	Malaysia	Palau	Timor Leste
Fiji	Marshall Islands	Papua New Guinea	Tonga
French Polynesia	Micronesia (Fed. States)	Philippines	Tuvalu
Guam	Mongolia	Samoa	Vanuatu
Indonesia	Myanmar	Singapore	Vietnam





Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA)

Mobilize civil society advocacy across the region to hold governments and other stakeholders accountable for their obligations and commitments to realize the sexual and reproductive health and rights of all persons in Asia and the Pacific.





Sexual Rights (SR)

- Montevideo Consensus (2013): "which embrace the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence."
- ➤ Reflected in human rights norms and standards e.g. freedom of thought & expression, right to privacy etc.
- Sexual rights issues: comprehensive sexuality education, sexual orientation & gender identify or expression (SOGIE), access to safe abortion, SR of young people, sex work ...

Agenda 2030: "Leaving no one behind"

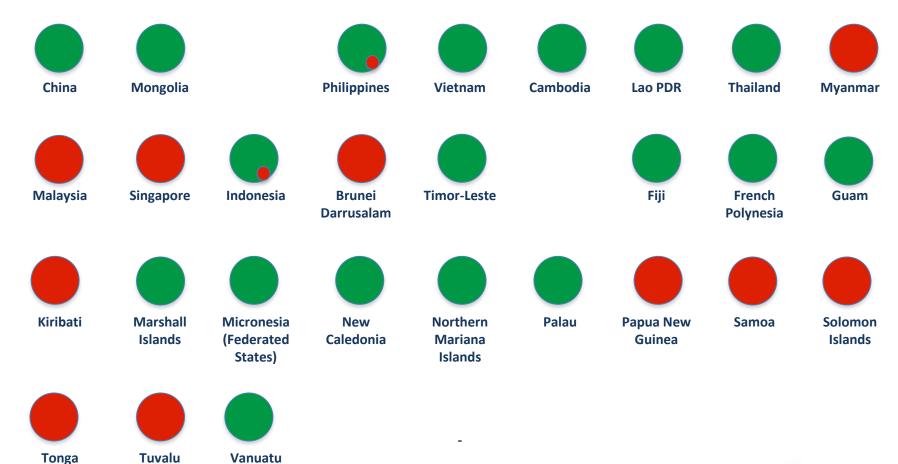
- ✓ Commitment to ICPD, BPfA & follow up reviews
- ✓ Reaffirms State responsibility to respect, protect & promote HR
- ✓ Goal 3 & Goal 5: gender equality, SRH services, SRH & RR, VAW

- Sexual rights
- Sexual Orientation and Gender Identity or Expression (SOGIE)
- O GBV
- Comprehensive sexuality education





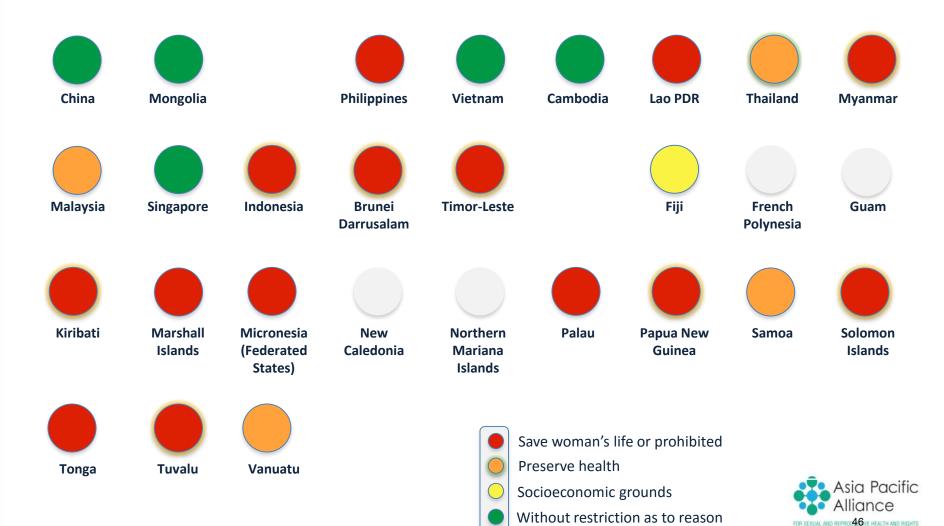
Criminalization of same sex behavior







Abortion law by level of restriction



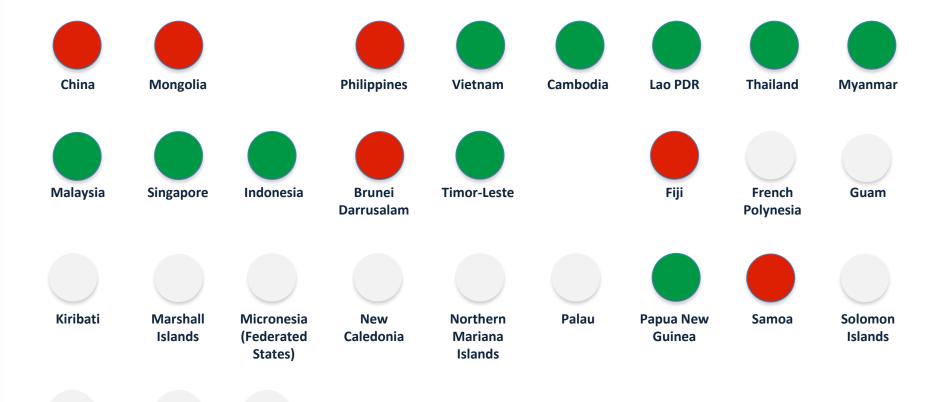
Source: Centre for Reproductive Rights

Abortion Laws in SEAP Caucus Countries





CSE curricula implementation (Primary)





Source: UNESCO

Tonga

Tuvalu

Vanuatu



Tonga

Tuvalu

Vanuatu

Age of consent to sex (female) and STI/HIV policy gap





Myanmar

16

Guam

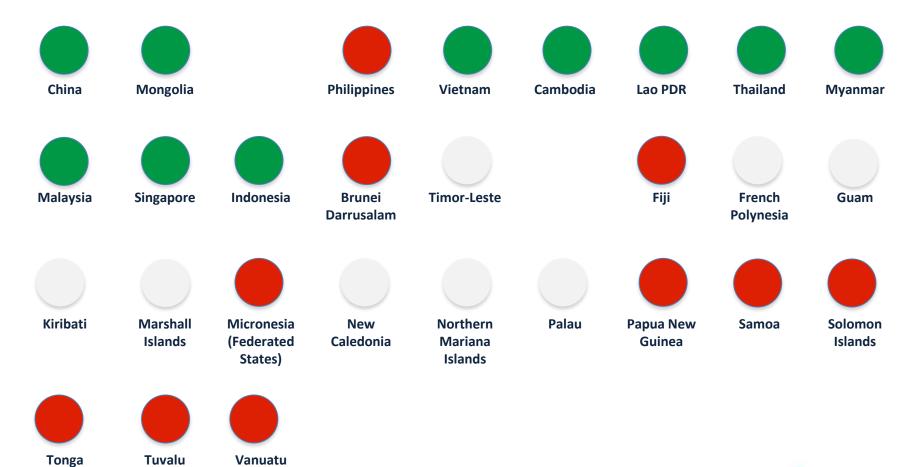
15

Solomon

Islands



EC brand registered





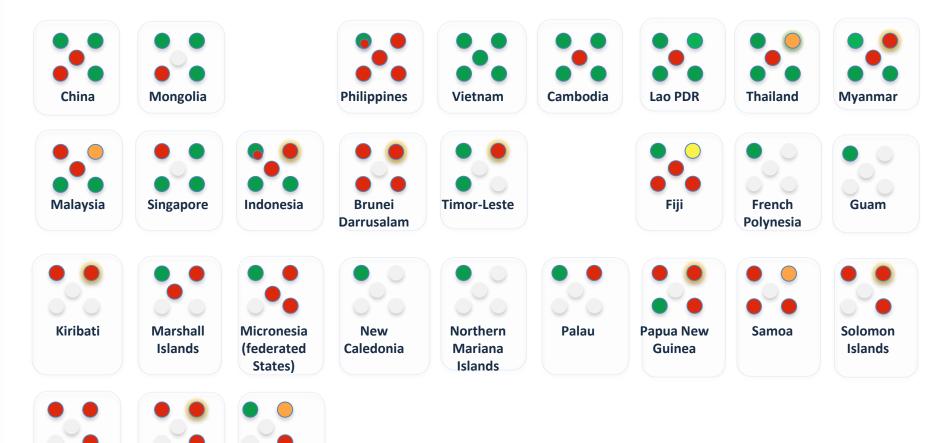


Tonga

Tuvalu

Vanuatu

Policy Pill Box





Asian & Pacific Ministerial Declaration on Population & Development (APPC)

- > Review in 2018
- Set progressive & visionary agenda
- > SOGIE
- Vulnerable groups, including persons who inject drugs & transgender persons
- > SRHR
- ➤ Women & girls
- ➤ Adolescents & young people





Regional Intergovernmental Platforms

Association of South East Asian Nations (ASEAN)
☐ SDG engagement unclear
☐ Economic priority
☐ Coordination structure not fit for purpose
➤ Pacific Islands Forum (PIF)
☐ Consultation on regionalizing SDG indicators planned? PIF,CROP, UN
☐ Adoption of regional indicators and outline follow up & review process and Samoa Pathway
☐ PIF Leaders Meeting 7-11 September, Micronesia

FOR SEXUAL AND REPROC**53** VE HEALTH AND RIGHTS

Asia Pacific Forum on Sustainable Development (APFSD)

- > Regional roadmap for Agenda 2030 implementation
- > Form, function & modalities, including follow up & review
- > Inform High Level Political Forum (HLPF) in July
- Wait & watch...social pillar weak!

APA Priorities:

- a) Commitment to human rights and international consensus documents & follow up e.g. ICPD PoA, BPfA
- b) Outline relationship between regional and country-global processes
- c) Commitment to civil society engagement and participation
- d) Prioritize health



Thank You

Annex 11. CALL TO ACTION: Deliver for Women and Young People in South East Asia and the Pacific: Sexual Rights are Human Rights!

CALL TO ACTION

Deliver for Women and Young People In South East Asia and the Pacific: Sexual Rights are Human Rights!

Seventy-five sexual and reproductive health and rights (SRHR) advocates and stakeholders comprising civil society representatives, parliamentarians and international development partners from South East Asia and the Pacific gathered in Copenhagen, Denmark, on 19 May 2016 for a Regional Caucus on Agenda 2030 and the fulfillment of sexual rights for women and young people.

Held during the 4th Global Women Deliver Conference, the Caucus was organized by the Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA) in collaboration with the Asian Forum of Parliamentarians on Population and Development (AFPPD) and Unzip the Lips.

We commend the governments in our region for adopting Agenda 2030 and the Sustainable Development Goals (SDGs), an ambitious global action plan with cross-cutting human rights principles of participation, equality and non-discrimination; that endeavors to reach those who are furthest behind first.

The fulfillment of sexual rights is critical to enabling the full participation of all people in society, reducing inequalities, and to achieving just and sustainable development. Sexual rights include the right to a healthy sex life, the elimination of violence, discrimination and coercion on the basis of sexual orientation and gender identity and expression, and universal access to comprehensive sexuality education, all of which are intrinsic to achieving sexual and reproductive health and rights for all.

Several countries in South East Asia and the Pacific have laws and policies that impinge on sexual rights by criminalizing consensual same-sex sexual conduct between adults, discriminating on the basis of sexual orientation and gender identity and expression, prohibiting or limiting access to safe abortion services, and including clauses that are barriers for adolescents and young people to access the full range of SRHR information and services.

Sexual rights resonate across the integrated and cross-cutting SDGs, particularly to targets under Goals 3, 4, 5, 10 and 16 that relate to health, education, gender equality, reducing inequalities and partnerships. If countries in our region are to achieve the SDGs and 'leave no one behind', it is imperative that sustained efforts are made by governments by respecting, protecting and fulfilling the sexual health and rights of all persons.

We call on governments in our region to be accountable for the achievement of the SDGs and ensure that the sexual rights of women and young people are fulfilled, by:

- Fully engaging with the systematic, participatory and transparent follow-up and review process for Agenda 2030, including 1) support for and participation in the Asia Pacific Forum on Sustainable Development as the primary vehicle for addressing cross-regional challenges and sharing good practices, and 2) commitment to <u>at least two</u> voluntary national reviews at the High Level Political Forum (HLPF)
- ➤ Enabling civil society to meaningfully contribute, monitor and review the implementation of the Agenda at all levels: sub-national, national, regional and global
- ➤ Creating a national-level dialogue mechanism for Agenda 2030 between government and civil society, including community based organizations and indigenous groups, and ensure that it is a safe space for civil society
- ➤ Enhancing the capacity of civil society and governments to engage with the Agenda 2030 follow-up and review processes.
- ➤ Ensuring full implementation and commit national budgets to the SDGs, with an emphasis on Goals 3, 4, 5 10 and 16.
- ➤ Reviewing the legal and policy frameworks for the health and human rights of women and young people, and amend where necessary. This requires, among other issues, ensuring that anti-discrimination laws, policies and guidelines are in place to create an enabling environment.
- ➤ Removing all barriers for adolescents and young people, women including migrant women, and LGBTQIA to access SRHR information, education and services; and ensuring the availability of adolescent- and youth friendly services including full range of contraceptives, safe abortion, sexually transmitted infections (STIs), HIV treatment and mental health services.
- ➤ Developing age-appropriate, gender and culturally sensitive curriculum and implementation of comprehensive sexuality education (CSE) for adolescents and young people both in and out of school. This should include trainings for teachers, parents and other educational institutions e.g. alternative learning systems.
- > Raising awareness of the human rights and needs of LGBTQIA with the general population, including through social media and other innovative platforms.
- ➤ Investing in the engagement of private institutions and civil society as crucial partners in achieving sustainable development, with funds earmarked for youth-led organizations, community-based organizations, and indigenous groups, amongst others.
- > Ensuring access to safe and legal abortion information and services, including postabortion care.
- Collecting data on the practice of female genital mutilation/cutting (FGM/C) and taking steps to ban and eliminate the practice of FGM/C and protect women and girls from all such harmful practices.
- ➤ Creating measures to provide clean water and sanitation to key populations through legislative and executive mechanisms of government with the gained support of the private sector and civil society.
- > Sensitization of religious scholars on human right issues, and sexual rights