Sixth Asia Pacific Population Conference
Bangkok September 16-20, 2013

Analysis by DAWN, RESURJ and IWHC

As part of the ongoing preparatory processes for ICPD@20, governments of Asia and the Pacific came together during 16-20, 2013 in Bangkok, Thailand to hold the Sixth Asia Pacific Population Conference and to adopt the Asian and Pacific ministerial declaration on population and development.

Development Alternatives with Women for a New Era (DAWN), Realizing Sexual and Reproductive Justice (RESURJ), and the International Women's Health Coalition (IWHC) began working in preparation for this meeting many months in advance, collaborating with other like-minded colleagues in the region. A CSO steering committee comprising of IPPF SARO, IPPF ESEAOR, AFPPD, ARROW, Asia Pacific Alliance on Sexual and Reproductive Health and Rights (APA), DAWN, Help Age International, SARYN, ICOMP, IWRAW-AP, Youth lead, Coalition of Asia Pacific Regional Networks on HIV/AIDS, organized “the Advances, challenges and ways forward: Asia Pacific CSO forum on ICPD beyond 2014” on September 12 and 13 in Bangkok, attended by 130 CSO representatives. On September 14 and 15, DAWN, RESURJ and IWHC held a feminist SRHR strategy meeting with 25 feminist activists working on human rights, sexuality, reproductive health and rights, adolescent and young people’s SRHR and youth participation, gender equality, violence against women, and comprehensive sexuality education from Bangladesh, China, India, Nepal, Philippines, Indonesia, Fiji, Papua New Guinea, Mexico, US, Australia, Malaysia, and Pakistan. This diverse group of women was brought together specifically to influence the negotiated outcome document of the Conference. During the pre-meeting, the group developed specific language that we wanted included in the document.

Priorities for activists in the region were to promote the sexual and reproductive health and rights of all, and especially of those poorest and most marginalized. Particularly, the group advocated for governments to:

- Ensure that human rights would be recognized as central to all population and development programmes;
- Ensure access to comprehensive sexual and reproductive health services for women, adolescents and young people, including safe abortion services and the removal of barriers to access both in law and practice, such as parental and spousal consent;
- Support prevention, early diagnosis and treatment of STIs and HIV free from stigma and discrimination;
- Provide comprehensive sexuality education programs both in and out of schools that teach gender equality and human rights;
o **Prevent unwanted pregnancies and unsafe abortions** among adolescent girls and young women, including through CSE, access to accurate and confidential information, all technologies and quality services;

o **Recognize the importance of sexual rights**, in addition to reproductive rights;

o Eliminate violence and create laws and policies that specifically tackle discrimination based on sexual orientation and gender identity;

o **Eliminate maternal mortality and morbidity** including through providing comprehensive sexual and reproductive health services;

o Ensure access to safe and legal abortion services;

o **Review laws and policies that criminalize women’s sexuality, including abortion**, in order to secure the health and life of women and adolescent;

o **Eradicate all forms of gender based violence** and pay particular attention to the harmful cultural practices that perpetuate the lower status accorded to women, as well as provide survivors of violence with the necessary health services;

o **Recognize the multiple forms of discrimination against women** and how they intersect with discriminations based on race, ethnicity, religion or belief, health, disability, age, class, caste, and sexual orientation and gender identity;

o **Eliminate harmful practices** against girls and women such as early and forced marriages;

o **Achieve universal access to HIV prevention and treatment and address the barriers to access** faced by people living with HIV, women, adolescents, sex workers, injecting drug users, men who have sex men and transgender populations; and

o **Provide migrants** with information, education and services and protect their human rights

Through concerted advocacy efforts, activists, in partnership with government delegations were able to achieve most of the above priorities, with some nuances.

**Analysis of negotiations**

The 6th APPC was divided into a senior officials segment (September 16-18) and a ministerial segment (September 19-20). The negotiation of the outcome document took place largely in plenary at the senior officials segment, which was chaired by the Secretary of Health and Family Welfare from India. A preparatory meeting for the APPC was held in May 2013, which was attended by a smaller number of delegations and civil society. An initial draft of the outcome was discussed at that time and comments received by countries then and in the intervening period were taken into consideration in the draft outcome document prepared by ESCAP and UNFPA as the basis for negotiations at the APPC itself.

The draft outcome document was long and lacked focus, making it difficult to easily negotiate during the very limited time available for that purpose. The negotiations took place largely in plenary, which allowed civil society to observe and support
the Philippines. Because a number of countries that championed progressive positions throughout the conference.

Throughout the negotiations a number of countries showed strong leadership on sexual and reproductive health and rights issues—the Philippines, India, the Pacific Islands (Cook Islands, Kiribati, Fiji, Samoa, Vanuatu, Tuvalu, Tonga, Papua New Guinea, Federated States of Micronesia, Nauru, Marshall Islands, Solomon Islands), Australia, Nepal, and the strong support of others including Vietnam, Cambodia, Thailand, Timor Leste, Maldives, Bhutan and others. Importantly, both Pakistan and Bangladesh supported on many points based on the realities on the ground in countries. Other countries that had difficulties with some aspects of the text largely remained silent, such as China, Indonesia and Sri Lanka. Opposition to progressive language came from Russia, Iran, Malaysia and Afghanistan.

In the end, with consensus not fully reached on these issues in the small working groups, the chair decided to produce a text that would reflect the overwhelming feeling of the room. The chair held discussion in private with all interested delegates to try to achieve an outcome that would reflect the broad sense of the delegations. The Conference clearly marked a progressive shift in the region, with overwhelming support for meeting the sexual and reproductive rights of all people, irrespective of their sexual orientation and gender identity. The text, which was changed only slightly during the ministerial segment to address some concerns related to climate change, and was adopted as the final outcome document is the most progressive text in the region on these issues yet. It includes recognition of the importance of sexual and reproductive health and rights, including of adolescents and young people; the need to eliminate discrimination based on sexual orientation and gender identity, among other grounds; commitments to provide a defined comprehensive package of sexual and reproductive health services through the primary health care system and comprehensive sexuality education to all adolescents and young people, among other things. All of the so-called sensitive issues such as sexual rights, comprehensive sexuality education, ending gender based violence and discrimination, including based on sexual orientation and gender identity, as well as quality sexual and reproductive health services, including for adolescents and young people, received substantial support from the overwhelming majority of delegations of the region.

Critical to the success of the APPC was the formation of a like-minded group of countries that championed progressive positions throughout the conference. This group was convened by the Philippines and represented by the Cook Islands and
needed to be exerted on ESCAP and UNFPA to encourage their representatives to work with national organizations throughout the Conference and hold strong against the pressure exerted by Russia and Iran. Many of these countries announced their intention to fight the assault on human rights, including sexual rights, and gender equality and to take this Ministerial Declaration in all of its components forward in global debates.

The gap between the close of the senior officials meeting and the adoption of the text by the ministers allowed time for Russia and Iran to exert significant diplomatic pressure on countries in the region; mobilize their capitals; and call upon allies in UN missions in New York and Geneva to exert pressure on their colleagues in Bangkok. Fortunately, this had little impact on the outcome, but did mean that a number of countries who had otherwise been supportive did have to issue reservations on language related to sexual rights and sexual orientation and gender identity. Activists and like-minded governments also worked hard to strengthen and prepare the more progressive delegations for the possibility of a vote, as were being threatened by Russia and Iran.

In the end, despite the fact that they knew that they would be vastly outnumbered, Iran and Russia jointly called for a roll-call vote at the time of adoption of the outcome document requiring every government to go on record with their position. Perhaps they overestimated their strength or got carried away by their own bullying. They lost the vote overwhelmingly with 38 countries voting in favour of the outcome, 3 voting against (Russia, Iran and Azerbaijan), and 1 (Afghanistan) abstention. Some countries, including Malaysia, recorded reservations especially on the SOGI and SR paragraphs but voted in favour of the outcome document anyway.

Although, Russia and Iran will undoubtedly claim this was a voted text and therefore not a consensus document, their tactics clearly violate the spirit of UN negotiations where voting is meant as a fallback to be used when there is a relatively even division of irreconcilable opinions. Any powerful maverick member state could always use voting to prevent consensus on anything they chose if it were to be used in this way. ECOSOC consensus is not meant to function like the veto power of the Security Council.

Analysis of Civil Society Participation

It was very important that major regional and global organizations had been working with national organizations throughout the process to prepare for the 6th APPC. The first CSO Consultation was held in Bangkok 28-29 March 2013 to solicit inputs to the draft document and discuss civil society participation. CSO representatives were also invited to attend the Regional Preparatory meeting in May and 6th APPC in September as observers. Nonetheless, significant pressure still needed to be exerted on ESCAP and UNFPA to ensure that all civil society
representatives who 6\textsuperscript{th} wished to attend the APPC could do so. Some governments included CSO representatives in their delegations, and as always, this was helpful.

The CSO Forum allowed activists from a broad range of constituencies to define priorities and grounds for working effectively together during the Conference, toward a successful outcome.

The Strategy Meeting hosted by DAWN, RESURJ and IWHC during the weekend prior to the Conference helped to transform the overarching recommendations from the broader CSO forum into concrete language recommendations and ensure that civil society was equipped to effectively lobby government delegations. It was also essential for identifying allies and opposition within government delegations and developing strategies to ensure success.

**Analysis of the Outcome Document**

The Outcome Document commits governments of Asia Pacific to take specific actions in the following areas. The following provisions are those that civil society groups successfully lobbied for:

**Sexual Orientation and Gender Identity**

PP6. Expressing grave concern at acts of violence and discrimination committed against individuals on the grounds of their sexual orientation and gender identity,

OP15. Work to reduce vulnerability and eliminate discrimination based on sex, gender, age, race, caste, class, migrant status, disability, HIV status and sexual orientation and gender identity, or other status,

**Sexual and Reproductive Rights**

PP19. *Recognizing* the critical role of policymakers, parliamentarians, community leaders and media in fostering an enabling environment for the full and equal enjoyment of human rights, including sexual and reproductive health and rights,

OP6. *Accord* high priority to sexual and reproductive health and reproductive rights as an integral part of national health plans and public budgets, with clearly identifiable allocations and expenditures;

OP7. Recognize that sexual and reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents and rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, the right to attain the highest standard of sexual and reproductive health, the right to make
decisions concerning reproduction free of discrimination, coercion and violence, and the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence;

OP11. Resolve, respect, protect and fulfill the human rights of all women and girls including their sexual and reproductive rights, without which the ability to exercise other rights is significantly constrained, and to create and enabling environment, including national rules and regulations, including enactment of laws, as appropriate, for the exercise of those rights, including the right to access to justice, as well as the right to equal and full participation in parliamentary and policymaking processes;

C. (c) Ensure that national laws and policies respect and protect reproductive rights and enable all individuals without distinction of any kind, to exercise them without discrimination on any grounds;

C. (d) Prohibit practices that violate the reproductive health and rights of women and adolescent girls, such as spousal or parental consent requirements to receive health services, including: (i) sexual and reproductive health services; (ii) denial of access to sexual and reproductive health services; (iii) violence in health-care settings, including sexual harassment, humiliation and forced medical procedures or those conducted without informed consent, and which may be irreversible, such as forced hysterectomy, forced Caesarean section, forced sterilization and forced abortion and forced use of contraceptives, mandatory HIV testing; (iv) early and forced marriage; (v) female genital mutilation and other harmful traditional practices; or (vi) discrimination in education and employment due to pregnancy and motherhood;

C. (r) Ensure that the human rights of women and girls, including their reproductive health and rights receive increased attention in humanitarian assistance and post-crisis recovery by providing access to timely, safe, high-quality, affordable and acceptable information and services on sexual and reproductive health and gender-based violence, in particular for women and girls in accordance with the World Conference on Women held in Beijing in 1995 and the Beijing Declaration and Platform for Action, and the Programme of Action of the International Conference on Population and Development, the Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, and the recommendations arising from their subsequent reviews.

Sexual and Reproductive health, services and rights

C. (a) Accord priority to policies and programmes to achieve universal access to comprehensive and integrated quality sexual and reproductive health services for all women, men and young people in order to, inter alia, reduce the unmet need for family planning with special attention to ensuring access for adolescents and
unmarried persons, as well as to eliminate maternal, newborn and child mortality, decrease morbidity and to achieve universal access to HIV prevention, treatment, care and support;

C (b) Provide a comprehensive package of sexual and reproductive health information and other services that includes adequate counseling, information and education, access to a full range of acceptable, affordable, safe, effective and high-quality modern contraceptives of choice, comprehensive maternity care, including pre- and postnatal care, access to safe abortion under the criteria permitted by law, post-abortion care, safe delivery services, prevention and treatment of infertility, prevention and treatment of STIs, HIV and reproductive cancers and other communicable and non-communicable diseases, employing a rights-based approach, paying particular attention to women, newborns, adolescents, youth, and hard-to-reach and underserved groups;

C. (j) Eliminate preventable maternal and newborn mortality and morbidity through increasing the proportion of births attended by skilled health personnel, particularly in developing countries, the use of prenatal and postnatal care, access to family planning services and information, access to emergency obstetric and newborn care, and management of complications arising from unsafe abortion and comprehensive abortion care where it is not against the law, as well as training and equipping health service providers and take other measures to ensure that abortion is safe and accessible in order to safeguard the lives of women and girls;

C. (l) Address the legal and policy barriers that impede access to HIV prevention, treatment, care and support, particularly among key affected populations, including sex workers, persons who inject drugs and men who have sex with men, transgender and mobile populations;

Gender Equality

E. (c) Review and, where appropriate, revise, amend or abolish all laws, regulations, policies, practices and customs that have a discriminatory impact on individuals, without distinction of any kind, and ensure that the provisions of multiple legal systems, where they exist, comply with international human rights obligations, commitments and principles, including the principle of non-discrimination;

E. (d) Review, and where appropriate, repeal laws that punish women and girls who have undergone illegal abortions, where applicable, as well as end their imprisonment for such acts, bearing in mind that in no circumstances should abortion be considered as a family planning method;

E. (f) Ensure that all victims and survivors of all forms of gender-based violence, rape and incest, including indigenous people and people of various ethnicities and traditional communities, have immediate access to critical services, including: 24-
hour hotlines; psychosocial and mental health support; treatment of injuries; post-rape care, including emergency contraception, post-exposure prophylaxis for HIV prevention and access to safe abortion services; police protection; safe housing and shelter; documentation of cases, forensic services and legal aid; referrals and longer-term support.

**Adolescents and Young People**

PP45. *Noting* that evidence-based comprehensive sexuality education and life skills consistent with evolving capacities and which are age appropriate, are essential for adolescents and young people to be able to make responsible and informed decisions and exercise their right to control all aspects of their sexuality, protect themselves from unintended pregnancy, unsafe abortion, HIV and sexually transmitted infections, to promote values of tolerance, mutual respect and non-violence in relationships, and to plan their lives, while recognizing the role and responsibilities of parents, as well as of teachers and peer educators, to support them in doing so.

F. (b) Respect the sexual and reproductive health and rights of adolescents and young people and give full attention to meeting their sexual and reproductive health, information and education needs, with their full participation and engagement, and respect for their privacy and confidentiality, while acknowledging the roles and responsibilities of their parents, as well as of their teachers and peer educators in supporting them to do so and that in this context, countries should, where appropriate, remove legal, regulatory and social barriers to youth-friendly sexual and reproductive health services;

F. (c) Design, ensure sufficient resources and implement comprehensive sexuality education programmes that are consistent with evolving capacities and are age appropriate, and provide accurate information on human sexuality, gender equality, human rights, relationships, and sexual and reproductive health, while recognizing the role and responsibilities of parents;

F. (d) Address youth unemployment, underemployment, vulnerable employment and informal employment by developing and implementing targeted and integrated youth employment policies for inclusive job creation, improved employability, skill development and vocational training to meet specific labour market needs of youth, including young migrants, and increased entrepreneurship, including the development of networks of young entrepreneurs at the regional, national and local levels, which foster knowledge among young people about their rights and responsibilities in society;

F. (e) Enable adolescents and young people to participate in decision-making, including planning, implementing, and monitoring and evaluation of policies and programmes to develop and strengthen opportunities for young people to be aware
of their human rights and responsibilities, promote and enable their social, economic and political participation, and remove obstacles that limit their full contribution to society, and promote and support adolescent and youth associations, volunteer groups and entrepreneurship.