SRHR in Asia Pacific: 2030 SDG Vision and 2020 Realities

Thematic Tracks and Sub-tracks
The conference will have six thematic tracks:
1. Sexual and Reproductive Health and Rights in the Context of Socioeconomic Development and Equity
2. How Changing Socio-cultural Norms Influence Sexual and Reproductive Health and Rights
3. Sexual and Reproductive Health and Rights for Adolescents and Young People
4. Linking Demand and Supply to Improve Sexual and Reproductive Health Services for All
5. Sexual and Reproductive Health and Rights in a Changing and Dynamic World
6. Integrating STI and HIV and Sexual and Reproductive Health and Rights

Track 1: Sexual and Reproductive Health and Rights in the Context of Socioeconomic Development and Equity

The Asia-Pacific region is witnessing rapid development, but the benefits of that development are not enjoyed equitably. Despite tremendous economic growth and corresponding improvements to health delivery infrastructure, vast swaths of the population still have unmet SRHR needs. In many countries, out of pocket expenditures continue to finance most of the health care rendered, unjustly reserving timely and high-quality services for an elite few.

Increasing urbanization and labor migration also expose structurally-vulnerable groups to additional health risks. In this context, it is critical to work toward universal health coverage and promote sustainable financing strategies, including heightening commitment of state resources to SRHR.

This track will explore the following sub-themes:
   a. Inclusion of underserved groups in SRHR within the context of rapid economic development

The far-reaching collateral impacts of rapid economic development, including growing inequality, increased urbanization, changing internal and external labor migration patterns, and heightened environmental degradation, can hardly be overstated. Many of these changes affect SRHR, particularly for underserved groups such as migrants, elderly people, people with disabilities, young key populations, men, and people with diverse sexual orientations and gender identities. For example, in many countries in the region, rural-to-urban migrant workers often lack access to comprehensive information and services in SRHR. Meanwhile, increased mobility also presents an added challenge to effectively combating the spread of HIV. How can the unique array of SRHR needs be effectively met for underserved groups, especially as rapid economic development
creates additional risks and barriers to their well-being? How might the rapid economic development taking place in the Asia Pacific region enhance, rather than afflict, SRHR?

b. Ensuring SRHR as a priority in achieving UHC

Across the Asia-Pacific, many countries have committed to achieving Universal Health Coverage (UHC) for all by 2030, a key target of the Sustainable Development Goals (SDG 3.8). Achieving UHC, however, cannot be fulfilled without simultaneously achieving another key SDG target (SDG 3.7): ensuring universal access to sexual and reproductive health services, including for family planning. The achievement of UHC and universal access to sexual and reproductive health services are two mutually reinforcing goals that need to be pursued together to ensure overall success. What types of policies and legal support and facilitate the joint pursuit of these goals? Are there exemplary case studies from which to learn? Are there barriers – social, cultural, economic, or otherwise – to prioritizing SRHR thusly?

c. Sustainable and innovative financing to ensure SRHR access to all

A variety of innovative strategies (Conditional Cash Transfers, health insurance, health equity funds, voucher systems, etc.) have been used to finance SRHR access. What are the key lessons learned from these? How might proven approaches be translated to new contexts and/or scaled up? What barriers remain to cost-effectively providing SRH services to all, regardless of their individual ability to pay out-of-pocket? Beyond impact, are financing innovations operationally and financially efficient?

d. Prioritizing resource mobilization and allocation for SRHR in public health expenditures and development assistance

States and development partners have limited budgets and many competing priorities, so it is important to ensure that SRHR is valued as resources are mobilized and allocated. Indeed, SRHR programs and services will require increased and sustained funding in order for relevant SDGs to be achieved by the 2030 deadline. SRHR falls within the scope of fundamental human rights and is central to eradicating poverty and achieving sustainable development across social, economic, and environmental dimensions. With a focus on prevention, investments in SRHR are not only critical to people’s wellbeing and the prosperity and resilience of families, communities, and nations, but are also demonstrably cost-effective and cost-saving, freeing resources for investment in other development priorities. Thus, what steps can be taken to encourage investment in SRHR? As issues that have galvanized support for SRHR in the past, such as maternal mortality, show marked improvement in much of the Asia Pacific, how can the need for ongoing commitment to SRHR be persuasively emphasized? Are there models to follow, whether governmental or non-governmental, policy, advocacy or programmatic? Are there settings
in which resource mobilization for SRHR is needed most urgently? How can we ensure SRHR is allocated in national budgets?

Track 2: How Changing Socio-cultural Norms Influence Sexual and Reproductive Health and Rights

Both long-established and new, emerging norms shape SRHR behaviors, in some cases producing positive change and in others resulting in the reinforcement of harmful gender and sexual norms, formation of regressive social attitudes, and conflicting interaction with other norms. These paradigm shifts continuously create tension between key affected populations and perpetrators or shapers of these norms. Despite admirable grassroots efforts across the Asia-Pacific, marginalized groups such as women, youth, people with disabilities, and LGBTQI+ people are disproportionately subjected to multiple levels of social, economic, and legal discrimination, denied the opportunity to make informed, autonomous decisions pertaining to SRHR, and threatened by physical and sexual violence. In order to meaningfully challenge harmful norms, there is a need to identify what drives change, how change interacts with other related norms, how political and social institutions and leaders influence change, and to what extent these changes impact the lives of marginalized groups and/or the majority of the population.

This track will explore the following sub-themes:

a. Combating harmful sociocultural norms affecting SRHR
Many people, especially women, youth, and LGBTQI+ people, face threats to their SRHR and overall well-being because of stigma and discrimination, stereotypes, and sociocultural and religious differences. The normalization of harmful practices such as child and forced marriage and sexual and gender-based violence also disproportionately impacts these groups. In order to challenge regressive socio-cultural and religious norms significant inquiries should be answered: Why and how did these norms emerge? How do social norms function and currently affect positive and negative behaviors? How can stigma and discrimination in all forms be addressed? What is Sexual Orientation and Gender Identity and Expression (SOGIE) and how does stigma and discrimination on the basis of SOGIE impact the SRHR of marginalized groups? How can Behavior Change Communication help in understanding gender and cultural diversity? What are the approaches that might alter attitudes and prompt behavior change? Who is in the best position to intervene and model alternatives? While naming and addressing negative processes, how are those working in SRHR proactively envisioning, articulating, and enacting positive possibilities?

b. SRHR in the age of social, political and cultural regression: challenges and prospects for the way forward
Even as notable strides have been made with respect to some SRHR indicators, such as reducing maternal mortality and limiting the spread of HIV/AIDS in the general population, the Asia Pacific has witnessed concurrent political and social regressions and closures that significantly constrain the ideal realization of SRHR for all. How do institutions/actors perpetuate regression, and what are their goals, motives, and impacts? What types of advocacy strategies are being tested, and to what effect? How can we better grasp this phenomenon through contextually specific lenses while also identifying replicable lessons for positive change throughout the region? How have some regressive changes globally affected the situation of SRHR in the Asia Pacific region?

c. Stigma and discrimination against vulnerable populations in SRHR

Vulnerable populations, such as People Living with HIV (PLHIV), sex workers and members of the LGBTQI+ community, bear a disproportionate burden of risk for adverse sexual and reproductive health, including but not limited to greater exposure to HIV/AIDS, STIs, intimate partner violence, and unsafe abortion. Such risks exist in reciprocal relationship with the stigma and discrimination vulnerable populations face, both resulting from and reinforcing marginalization. In the context of this stigma and discrimination, what are the unique needs of vulnerable populations that those working in SRHR must strive to meet? How can the voices of these communities be uplifted and allowed participation in, and ideally, leadership of, work intended to support them? How can improving SRHR operate as one strategy to confront stigma and discrimination more generally? What are other strategies? Are there successful cases to share? Are there barriers that remain to be addressed? By whom?

d. Changing norms and driving policy change around SRHR: Best social and behavior change practices

Changing norms and policies around SRHR through social behavior change strategies involve systematic application of interactive, theory-based and research-driven processes to affect change at the individual, community, and social levels. This includes examining challenges and analyzing personal, societal, and environmental factors. Social behavior change also involves facilitating effective communication between service providers and clients, families, and communities to make quality SRHR services accessible as shifts in social norms occur or are anticipated. What are groundbreaking strategies to change behavior that are being used in the Asia-Pacific? What modes of communication have been tested? How can norms and policies be changed so that service delivery networks are more effective?
Track 3: Sexual and Reproductive Health and Rights for Adolescents and Young People

Young people across the Asia-Pacific region continue to face significant barriers to fully claiming their SRHR, including limited availability of comprehensive sexuality education and youth-friendly services, social stigmatization of youth in SRHR, cultural and religious sensitivity and taboos, controversial laws and policies that exclude and disempower youth, discrimination on the basis of SOGIE, emphasis on premarital virginity (particularly for young women), adolescent misperceptions, sexual exploitation, mental health disorders, economic dependency, and exposure to abuse and violence. At the same time, the rapid proliferation of information and communication technology (ICT) allows youth greater access to information, newfound exposure to contrasting cultural norms, and powerful opportunities to connect and mobilize as innovative advocates for their own SRHR. A variety of strategies are being employed to further elucidate the unique challenges involved in improving youth SRHR and to harness the potential of technologically-empowered youth.

a. Barriers and facilitators of SRH and FP services for young people

Young people continue to bear a pronounced burden of unmet need for SRH and FP services, including counseling on and provision of the full spectrum of contraceptive methods, screening and treatment for HIV and STIs, safe abortion services, and services for survivors of sexual and gender-based violence. Travel and cost-related barriers, as well as negative attitudes among clinic staff and providers, may have significant impacts on youth in particular and should be examined further. What are the key access barriers? How might they be meaningfully addressed? Are there exemplary cases that could suggest a promising way forward for facilitating SRH and FP services for youth?

b. Inclusion and participation of youth in SRHR policy and strategy development

Young people have a right to participate when decisions are made that impact their SRHR. This includes giving young people an opportunity to engage SRHR policymakers at the regional and national levels and to have their unique perspectives heard. Wherever and whenever possible, youth should be helped to identify and articulate their own interests and priorities, allowing these to be reflected in the strategies undertaken to improve youth SRHR. Youth participation also has the added benefit of capacity building, which yields youth leaders with stronger problem solving and advocacy skills. What are young voices saying about SRHR? How are youth already participating in policy and strategy development, and how can they be engaged further? What are some examples of successful engagement from youth that has resulted in policy change for better SRHR?
c. SRHR programming for adolescents and youth: What works?

Many SRHR programs targeting adolescents and youth have been implemented in the Asia-Pacific, with mixed results. Simply put, what works? What key lessons have been learned, and how might these lessons be applied across the diverse settings in which the youth of the Asia-Pacific live and learn? How can SRHR programming leverage contemporary changes in youth lifestyles, such as the widespread use of social media platforms and the growth in the proportion of youth who are urban-dwelling, to maximize impact and cost-effectiveness? Whose involvement and support is critical to the success of youth programming? What challenges have programs faced and overcome? How can inclusion and equity be ensured in these programs so that key young populations are not left behind?

d. Unique SRH vulnerabilities of young people: Risks and mitigation

Young people contend with many unique SRH vulnerabilities, including lack of comprehensive, accurate knowledge on SRH, legal, sociocultural, and financial obstacles to accessing SRH services at their own discretion, subjection to harmful practices such as child marriage and sex trafficking, and inadequate recourse for exploitation and abuse. These and other factors often place young people at heightened risk of unintended pregnancy, unsafe abortion, HIV/STI exposure, and additional adverse outcomes for their education, economic productivity, and physical and mental well-being. What risks have been identified as particularly critical to address among young populations while working toward 2030 SDGs? What are the underlying causes of these risks, and how can they be effectively mitigated?

Track 4: Linking Demand and Supply to Improve Sexual and Reproductive Health and Rights Services for All

The Asia Pacific region is home to some of the world’s most exciting research on the cutting edge of clinical technology and service delivery, creating opportunities for interprofessional teaching and learning that are rich with potential. It is thus beneficial to share the most current best practices, techniques, service models, and devices that are leading innovation in the provision of SRH care. Furthermore, both demand and supply-side issues must be effectively addressed in order to ensure the provision of high-quality SRH services. The SRH literacy of many people living in the Asia-Pacific region remains low; this often results in risky and misinformed behaviors and insufficient demand for relevant services. Political will of governments in promoting behavior change and supporting Comprehensive Sexuality Education is vital. Simultaneously, there is an ongoing need to build capacity on the supply-side and ensure that SRH services are provided by qualified, non-judgmental personnel with optimal technical skills, access to safe facilities, and appropriate materials.
This track will explore the following sub-themes:

a. The private sector and delivery of high quality SRHR services

The private sector has a large role to play in delivery of quality SRHR services, and the use of social enterprises and public-private partnerships (PPPs) as service provision models is growing. This necessitates a closer evaluation of the impacts and accomplishments, as well as shared learning around challenges and shortcomings, of these models. What are the implications of service delivery through the private sector? What is the contribution of past PPPs, whether successful or unsuccessful, to the future use of this approach to SRHR service delivery? How can the private sector or PPPs improve the health and wellness of communities and address health inequalities? Often described as innovative, what actually makes social enterprises and PPPs so? With specific regard to SRHR and the needs of women, what are the advantages and disadvantages of service delivery via the private sector, PPPs and social enterprises?

b. Progress and challenges in making Comprehensive Sexuality Education effective

Knowledge is power and education is one of the most crucial and impactful ways to support the SRHR of communities. However, implementing Comprehensive Sexuality Education in schools and other learning settings across the Asia Pacific has often been fraught with challenges, proceeding arduously and, in many cases, remaining incomplete. What progress has been made regionally, and how can those striving to achieve similar results in their own national or local contexts learn from stories of success? What role did the political will of government play? What challenges arise that ultimately deny many people living in the Asia Pacific an opportunity to learn about SRHR? What room is there for conscientious objection to SRHR education based on culture or religious belief? In cases where CSE is being offered, how does its quality compare to accepted standards? What are successful examples of CSE outside of formal schooling? Are issues of gender and power included? When necessary, how can educational materials and approaches evolve and improve?

c. Innovations in linking SRHR demand generation with service delivery: Evidence-based approaches

Scientific and technological advancement continuously offer new and innovative possibilities for SRHR service delivery. Similarly, innovations in behavior change communication and demand generation abound. What key discoveries have emerged in these areas since APCRSHR9? What changes have been made to better link demand generation with service delivery, and to what effect? What are the evidence-based
approaches that are achieving better outcomes, improving livelihoods, and/or making the best use of available resources? How can sound evidence be effectively generated, including considerations of who guides and participates in generating evidence, and what methodological and analytical frameworks they use? Where is further capacity building needed, and how can this be achieved? As a sound basis of evidence for best practice in linking supply and demand is made available, how can effective implementation of those standards be supported and assessed? How can evidence-based approaches be translated across diverse regional contexts, operating as they must across a variety of economic, socio-cultural, political, linguistic, and other differences?

d. Promoting social behavior change: How to improve demand generation for SRHR services

Making quality SRH services accessible is vitally important, but it is ultimately inadequate – and potentially even wasteful – without accompanying health promotion that maximizes the extent to which the availability of such services actually benefits communities. What approaches, whether tried-and-true or groundbreaking, are being used in the Asia Pacific to promote behavior change and generate SRHR-related demand? What role does government and political will have to play in generating demand for SRHR services? What has this work taught us about the needs and desires of those we seek to serve? How can demand generation be improved? What modes and methods of communication and education have been tested and utilized to promote behavior change?

Track 5: Sexual and Reproductive Health and Rights in a Changing and Dynamic World

Nearly two decades into the twenty-first century, the world is encountering unprecedented existential changes and uncertainties. Technological revolution, globalization, climate change, population ageing, protracted conflict, and humanitarian disasters are inevitably impacting the state of human SRHR, at times bringing exciting opportunities and at others posing profound challenges and concerns. Collective learning and strategizing are critical to preparing for the challenges that lie ahead and mitigating their dynamic unpredictability with creativity and solidarity.

This track will explore the following sub-themes:

a. Innovations and applications of Information and Communications Technologies (ICT) to improve SRHR
Personal and institutional use of ICT has proliferated rapidly in the Asia Pacific and is now involved in many realms of human life, including the way people understand and manage their health. How is ICT being applied to improve SRHR? What innovations are trailblazing in the field? Can they be shared, adapted, and/or scaled? Are they impactful and cost effective? What are limitations of ICT and/or new risks that must be mitigated, such as concerns related to reliability of online information and discourse, cyber security, and more?

b. Interrelationships between climate change, SRHR, and resilience
Climate change is intimately linked to the reproductive lives of humans, and as its effects become increasingly apparent, the changes for societies in the Asia Pacific will be profound. How can resilience be proactively established and the potential negative consequences of climate change for SRHR prevented or at least minimized? At the same time, how can SRHR function as a tool for helping to combat the devastating effects of climate change? How can the clear link between SRHR and ecological sustainability be put into real practice? What does sustainable SRHR look like, and what kinds of questions, from the technical to the moral, arise? What are cases and lessons learned to guide the way forward in these dire times?

c. SRHR in the context of emergency and humanitarian settings: Unique challenges and needs
When emergencies such as armed conflict and natural disasters occur, poor SRHR is one of the often less-acknowledged ramifications. However, the destruction of infrastructure, lack of sanitation, prevalence of sexual violence as a weapon of war, proliferation of famine and malnutrition, and other perils common to humanitarian crisis logically culminate in disastrous SRHR outcomes. Thus, what are the unique challenges and needs for stabilizing SRHR post-conflict/post-disaster? Are there any effective cases from which best practices might be gleaned? What support needs to be mobilized (and by whom, using what strategies?) to help people currently facing humanitarian disaster in the Asia Pacific region?

d. Population ageing and SRHR
In many countries in Asia, the average life expectancy is increasing, and fertility rates are declining, reflecting the ageing of populations. While most countries are aware of the impact of the demographic changes and have increased their efforts and investments in promoting active ageing and improving health systems, the sexual and reproductive health needs of older persons have received lesser attention due to cultural or health constraints. Generally, it is assumed that older people are sexually inactive or “asexual” and the mention of sexuality in late life remains taboo. Consequently, the areas of life
that are related to sexual and reproductive health and rights among older people also tend to be neglected. What policies and programs or services should governments undertake to address the SRHR needs of an ageing population? What are the existing best practices addressing SRHR needs of the elderly?

**Track 6: Integrating STI and HIV and Sexual and Reproductive Health and Rights: Opportunities and challenges**

Under the right circumstances, the integration of STI and HIV with SRHR has been recognized as an impactful strategy for improving the health and well-being of communities. The established rationale for integration includes the fact that sexual and reproductive ill-health and STI/HIV share a number of common root causes, and the reality that most people conceive of their SRH holistically, with HIV as just one component. Effective integration may create more opportunities for HIV prevention and treatment, improve SRH in its own right, and at its best, conserve time, costs, and human resources while optimizing continuity and comprehensiveness of patient care. Integrated programs can also play a positive role in expanding and promoting rights and reducing stigma and discrimination. However, critics of integration have voiced valid concerns that warrant attention, including the risk of placing added strain on overburdened or dysfunctional health systems and “the argument that the nature of the HIV epidemic means that it is important to regard HIV/AIDS services as a special case which needs to be well-resourced, expanded quickly, and protected from the inefficiencies of the broader health system” (WHO 2008).

In order to deepen regional understanding of integration and explore its potential applications, this track will cover the following sub-themes:

- **a. Sexual Orientation and Gender Identity (SOGI) and SRHR**

  The intersection of SOGI and HIV/STI is well-established in the context of programming that targets MSM and TG people, but this does not fully capture the many ways that SOGI extensively affects the SRHR of all people, especially those who are marginalized on the basis of SOGI. It is thus necessary to ask: how is SOGI being addressed in the context of efforts to integrate HIV and STI and SRHR? Can thoughtful consideration of SOGI help ensure successful integration? Conversely, can integration help to better identify and meet the full spectrum of complex needs of people with diverse SOGI? How can integration complement and even incorporate a rights-based approach to reducing stigma and discrimination against LGBTQI+ people?

- **b. Approaches to integrating STI and HIV with SRHR: Evidence-based best practices**
A variety of approaches to integration have been undertaken in the Asia-Pacific region, some more successfully than others. Significant value may therefore be added by disseminating lessons learned and sharing evidence-based best practices. This includes identifying the conditions and resources necessary for effective integration, reflecting upon challenges encountered, and considering cases where integration created new issues, or even failed. How should health system leaders determine whether integration is an appropriate approach to best serve their patients? Are there contexts in which the evidence suggests against integrating, and why? Meanwhile, what approaches to integration have worked well, under what circumstances, and why?

c. Creating an enabling policy and legal environment for integration of HIV/STI and SRHR: successes and challenges

In order to be successful, integration of HIV/STI and SRHR needs to occur in an enabling policy and legal environment. In the short term, integration may incur new costs and require additional staff training and recruitment. It may also necessitate restructuring responsibility and authority within the health delivery system and navigating separate funding streams wherein resources are frequently reserved for single-disease programs, especially in the case of HIV. All of this must be reflected and provided for in relevant policies, laws, and budgets. On the other hand, legal restrictions—for instance, laws that criminalize abortion, sex work, and/or HIV transmission—present challenges to successful integration. What policies and laws have been shown to enable successful integration? What can be learned from cases of successful integration efforts in the Asia Pacific? What challenges remain to be addressed, and what strategies are being enacted to improve legal and policy environments that do not currently enable integration?

d. Unique SRHR needs of key populations affected by HIV/AIDS

Key populations affected by HIV/AIDS, including men who have sex with men, transgender people, commercial sex workers, and people who inject drugs, have unique SRHR needs in addition to the need for HIV/AIDS prevention and treatment. These groups tend to be at greater risk of exposure to other STIs (potentially resulting in chronic infection). They may also be managing comorbidities such as hepatitis and TB. In many countries, key populations experience higher levels of sexual and gender-based violence. Meanwhile, their ability to exercise their rights and access quality care is often impeded by low educational attainment, poverty, and widespread stigma and discrimination. Where it is present, sexual education commonly excludes these populations, and necessary counseling and supplies for safe sex, including barriers and a variety of affordable contraceptive methods, may not be readily available to them. At the same time, PLHIV who wish to start a family are frequently overlooked, and their needs for comprehensive, inclusive FP services and specialized MNCH care are left unfulfilled. How best may all of these and other needs be understood and met? Are there SRHR needs among key populations that are not well recognized or understood? What
role does integration of STI and HIV and SRHR have to play in ensuring holistic, accessible SRHR for key populations affected by HIV?