



REPORT

The online meeting on the Policy Changes during COVID-19 and ICPD25 Follow-up in the Asia and the Pacific Region



The Asian Population and Development Association (APDA)

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The contents of this report were based on the presentations, speeches and remarks made by the participants of the online meeting titled “Policy Changes during COVID-19 and ICPD25 Follow-up in the Asia and the Pacific Region”, and do not necessarily reflect the positions of APDA.

Acronyms

AFPPD	Asian Forum of Parliamentarians on Population and Development
APDA	Asian Population and Development Association
APRO	The Asia-Pacific Regional Office (UNFPA)
GBV	Gender Based Violence
ICT	Information and Communication Technology
ICPD	International Conference on Population and Development
IOM	International Organization for Migration
ILO	International Labour Organization
JFPF	Japan Parliamentarians Federation for Population
NGO	Non-Governmental Organization
PHC	Primary Health Care
PoA	Programme of Action
RH	Reproductive Health
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VAWG	Violence Against Women and Girls
WB	World Bank
WHO	World Health Organization

Background

The ongoing COVID-19 pandemic has created huge uncertainty to the world's population. The Asia-Pacific region, where COVID-19 outbreak began and which has the largest population in the world, is not immune to this crisis where virus' impact is expected to be severe and unprecedented. Even though the situation in Asia potentially fare better than the other regions, it is still unclear the size of impact of the virus on countries' economies and people's daily lives. On the other hand, a quick and timely reaction of the governments and support by the international organizations to address pandemic challenges may slower negative impact of the pandemic.

The pandemic has hindered economic activities of the countries when most of them declared lockdowns of the cities, including factories and businesses. The impact of pandemic is especially severe for the most vulnerable groups, in particular low-income families, migrants, people with disabilities and others. In some countries there is a threat that the unemployment gap may exacerbate gender-based violence (GBV) while the economic fallout of the COVID-19 may adversely impact women's health through the reallocation of resources, including sexual and reproductive health (SRH) services, which will only be detrimental to global and national efforts, in particular for the implementation of ICPD PoA, ICPD25 commitments and 2030 Agenda for Sustainable Development.

It is an important time for civil societies and international organizations to come together and support parliaments, governments and the international community to mitigate the impact of the pandemic as much as possible. At the same time, it is essential to strengthen national and local capacities by ensuring that stakeholders at both national and community levels, including young people and youth civil society, all play their respective catalytic roles in mitigating the negative impact of such outbreaks and building resilience and recovery. Moreover, the social protection and human rights should be maintained.

Parliamentarians have a key role in legislation, advocacy, policymaking, and monitoring, and this applies to responses to the COVID-19 impact, agenda of the ICPD and 2030 Agenda. They hold their governments accountable for the implementation of laws and policies and the delivery of public services. It is important that parliamentarians have data, knowledge and skills to play their role effectively and that they are sensitized and updated on population issues so that these issues are at the forefront of political debates. Furthermore, it is part of parliamentarians' mandate to review and make recommendations to their government on how policies and laws are improved. It is time for countries to ensure their laws and policies protect the most vulnerable.

In this respect, the role of the national committees on population and development (NCs) is important as they extend strong support to parliamentarians in their work to address or adopt relevant laws and policies, by ensuring the continuity of their work, given that parliamentarians come and go at elections.

The online meetings target to provide parliamentarians and the NC officers with knowledge, advocacy skills, networking and learning opportunities that support their continuous professional development needs. This is especially important during the pandemic period when supporting active networks of parliamentarians and NC officers is another strategy to effectively advocate and progress legislation and resource mobilization in the field of population/SRH, by sharing experiences, good practices and lessons learned among countries. Furthermore, these meetings engage CSOs for their contributions given the importance of partnership between parliamentarians and CSOs.

Meeting Part I: 17 September 2020

Opening

Dr. Osamu Kusumoto, Executive Director/Secretary General of APDA

Dr. Kusumoto introduced the theme of the meeting. He expressed confidence that each country could learn from each other, particularly on the subject of countermeasures against COVID-19.

Opening Address

H.E. Yoko Kamikawa, Minister of Justice, Chair of JPPF

In her address, read by APDA, Hon. Kamikawa said the meeting aimed to discuss policy changes during COVID-19 and following the ICPD25 summit held in Nairobi in 2019. She expressed concern on the socio-economic impact of COVID-19, particularly on employment, unpaid care work, health, reproductive health (RH) services and the impact of domestic violence during lockdowns.

Building on the commitments of the Nairobi Summit, the meeting would have practical use in shearing how sexual reproductive health and rights (SRHR) and gender-based violence (GBV) laws and policies have been implemented during the COVID-19.

Hon. Kamikawa said members of parliament should take a leadership role to realise a better society and achieve the SDGs by addressing population and development issues in their countries. The meeting of parliamentarians, civil society organisations (CSOs) and UN agencies will enhance the opportunity to learn from each other.

Session 1: Socio-economic Impacts of COVID-19 in Asia and the Pacific: Implications on the implementation of ICPD Programme of Action and the 2030 Agenda for Sustainable Development

Mr. Davide De Beni, Health Economist, UNFPA APRO

Mr. De Beni spoke about the socio-economic impact of COVID-19. This crisis had created the worst economic and human crisis since the World War II. The Asia Pacific region's GDP had contracted by 0.7% this year. Using statistics from the Asian Development Bank (ADB), the economies annual GDP forecast predicts a rebound to a growth rate of 6.8% in 2021. The Maldives stood out with a declining growth rate of -20.5%. This was because of the negative effect of COVID-19 on tourism. Thailand's contraction of -8% was for the same reason.

Governments of the region had taken unprecedented measures to respond to the health economic and social impact of the crisis. The interventions included fiscal policies, which included tax relief and sector-specific support to tourism. Central banks had capped interest rates and widened the use of special lending instruments to small and medium enterprises regional cooperation. There had been debt relief and social protection. Cash transfers and expansion of existing social protection schemes provided some relief.

However, De Beni said the scale, the scope, and the duration of these measures are often limited and provided a limited stimulus to the economy. Social protection is likely to become more relevant in the emerging and recovering phase of the crisis, and this provides an opportunity for building social protection systems that fill the gaps in coverage, scope and adequacy. UNFPA is focused on the area of helping governments as a development partner to target social protective measures and make them more equitable.

Across the region, some people were still not eligible for existing social protection schemes: for example, people with disabilities, daily wage earners, the population in need to access critical medications, such as ARVs.

De Beni also looked at the impact of COVID-19 on maternal health. In a projection of maternal mortality ratios (MMR), MMRs represent the increased average MMR expected across the 14 countries if SBA and facility deliveries drop by 20% or 50% in 2020 (according to the two scenarios of COVID-19 impact). In 2020, MMR in these 14 countries could see a 17% and 43% increase, respectively, for the best- and worst-case scenarios,

With regard to the antenatal care services, Bangladesh reported a 41% decrease and Myanmar a 6% decrease in March and a 3.5% decrease in April compared with 2019. The is concern about

the impact of COVID-19 on family planning and a prediction of a potential search in unintended pregnancies as stockouts and shortages of contraceptives affected the region.

COVID-19 had also impacted on gender equality and human rights, exacerbating women and girls' vulnerability to GBV and women's exposure to intimate partner violence. There was ongoing advocacy with governments to include GBV services as essential in COVID-19 response plans.

Discussion

In the discussion, various issues were raised including: the impact on low fertility countries with declining populations; why countries, like India, were more adversely affected; whether forced marriages increased; and its impact on marginalised communities. Furthermore, opinions were expressed on the economic slowdown, which reduced agricultural activities, increased housing problems due to inability to afford basic accommodation. Ms. Kamma Blair referred the participants to the recently released UN study *The State of the World Report 2020* on the topic. <https://www.unfpa.org/swop> .

POLICY RESPONSES

Governments in the region have taken unprecedented measures to respond to the health, economic and social impacts of the crisis.

Fiscal policies:

- Expansionary fiscal policies concentrated on mitigating the adverse effects of COVID-19.
- Support came mainly from tax relief and the temporary waiving of social security contributions well as sector specific support like tourism and infrastructure investment

Monetary policies:

- The central banks cut policy rates, injected liquidity into the banking system, and widened the special relending instruments and support to SMEs

Regional cooperation:

- Debt relief and deferral of debt payments

Social protection:

- Temporary social protection measures have played a prominent role
- Cash transfers and the expansion of existing social protection schemes provided some relief, their scale, scope, and duration

Temporary social protection measures have played a prominent role in this context

APDA/JPF, Japan

Video call interface showing participants.

Session 2: The ICPD25 follow up and GBV and SRHR challenges in Asia

Ms. Hadley Rose, Consultant and Expert, APDA project

Ms. Rose's presentation was based on her research in Sri Lanka and Lao PDR to follow up the ICPD25 Nairobi Summit.

Sri Lanka made 10 commitments following the Nairobi Summit, which included a strong focus on women and youth, in particular labour force and political participation. Its Vision 2030 policy supports flexible work arrangements, maternity benefits and secure public transport to increase women's economic participation. It also has a 25% legislated quota for combined women and youth participation. The country also has a free education policy.

One of the key findings was that while there was a push for specialized healthcare in recent years, in Sri Lanka, they had reemphasised primary health care. The policies were working – for example, the mother-to-child transmission of HIV was very low, and there was increased screening for cervical cancer. With regard to GBV, the Mithuru Piyasa Centres and safe homes provide care and safety for GBV survivors and the hotline, led by National Committee of Women, has during the COVID-19 lockdowns expanded to 24-hour service.

In Lao PDR, the policy focus is based on a fictional adolescent identified as Noi. This Noi framework creates a cross-cutting policy theme of investing in youth and young girls including advocacy, policy advice, reproductive health, elimination of violence against women and girls, school-based interventions, life skills education, and prioritising evidence and data. The Noi Framework is used to illustrate the importance of investing in girls' education to reduce early marriage and adolescent fertility.

At least half of all women in Lao PDR have experienced violence, and the Noi Ecosystem highlights violence against women and girls as a priority for services and ensuring the participation of men and boys in eliminating VAWG.

Discussion

One of the significant concerns that emerged in the discussion was mental health and suicide and how lockdowns had exacerbated both issues. Furthermore, restriction in movement, inability to go for medical help, or any form of assistance, may lead to problems like matrimonial divorce and domestic violence. Participants agreed on that the measurement of the COVID-19 impact on

the ICPD25 commitments may need more time to pass to see its effect. They call for further in-depth research on this from 2021 onward.



Session 3: Role of Civil Societies in Response to SRHR and GBV during Pandemic

Ms. Meirinda Sebayang, Chair of Jaringan Indonesia Positive

Ms. Sebayang said following the declaration on March 11, 2020, by the World Health Organization of COVID-19 as a global pandemic, the Indonesian government called for social distancing and staying at home. The most vulnerable were affected by economic distress first. Several issues were identified – 28% of health care centres were not working full hours, and 84% experience a reduction in visits. A safe house for adolescents was closed.

A survey, looking at violence against women with more than 1,000 respondents, found that women work twice as much as men in doing household chores with a duration of more than three hours. Also, one in three respondents reported that increasing household chores made them experience stress. Households with increased expenditure had a percentage of physical and sexual violence surged by 100%, compared to psychological and economic violence, which reached 50% or more of the respondents.

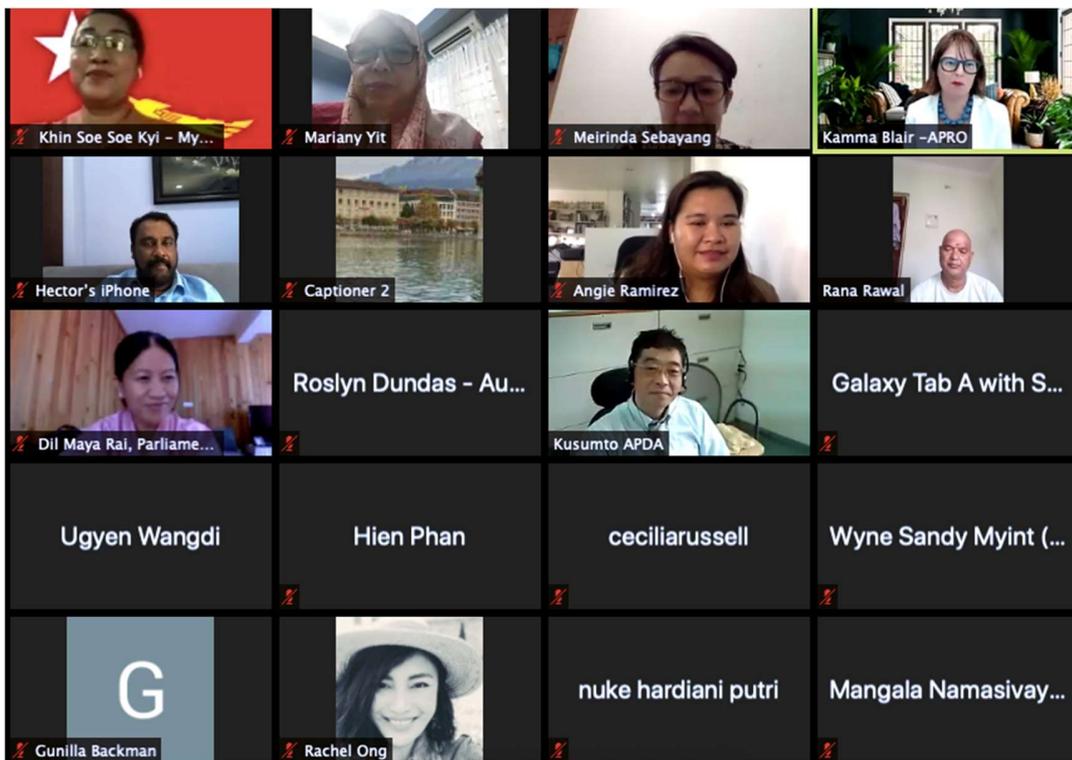
CSOs play a crucial role in safeguarding communities from COVID-19 and supporting SRHR and GBV services. CSOs should support links to free or affordable COVID-19-related screening, testing and care.

CSOs work to address broader needs of women, girls and other marginalised groups that may be exacerbated by COVID-19 including those affected by intimate partner violence (IPV)/GBV, mental health issue and legal aid issues. CSOs could support safe, sustained connections to SRHR and GBV services by ensuring smartphone access, continuing community services including virtual support groups for those affected by IPV/GBV by preparing their programmes for physical distancing situations.

Discussion

The discussions centred on concerns about youth and girls affected by the lockdowns in the pandemic and the increase of sexual harassment, gang rape and other issues. There was a concern that rural areas could be excluded from health services. In Thailand, volunteer workers played a crucial role in checking and testing for COVID-19, but they were only paid a very small stipend (1,000 Baht per month, equivalent to approximately US\$30) considering the hard work they contributed.

There was a need for CSOs to assist the transgender community and for those with mental health issues. Use of smart technology was highlighted as a success both in telemedicine for TB patients and with webinars for a group of lawyers to counsel and advise on domestic violence.



Wrap-up

Ms. Kamma Blair, Programme Officer, UNFPA APRO

Ms. Blair thanked everybody for their participation and requested more such online events.

Closing

Dr. Osamu Kusumoto, Executive Director/Secretary General of APDA

Dr. Kusumoto closed by saying that COVID-19 had created a very difficult situation, unlike 100 years ago with the Spanish flu, there are now measures to deal with the difficulties. He thanked the presenters for their informative presentations, and the participants for their contributions to this webinar.

Meeting Part II: 29 October 2021

Opening Address

Hon. Prof. Keizo Takemi, MP Japan, Chair of AFPPD, Executive Director of JFPF

Hon. Prof. Takemi welcomed the participants and said the meeting was a continuation of the one held in September and its objective was to discuss the impact of COVID-19 on the population, sustainable development, GBV and SRHR through different lenses, including a human rights-based approach in this region.

Hon. Takemi noted COVID-19 had a huge impact on the world, and it was the vulnerable groups in society that were struggling the most. The global health community, struggling against the effects of the pandemic, should call on governments and parliaments to develop the specific programmes which include essential RH services in their Universal Health Coverage (UHC) package. He said he hoped this meeting would consider ways to prevent the impact of COVID-19 on women and girls and work toward the achievement of the ICPD 25 commitments.

Address

Mr. Björn Andersson, Regional Director of UNFPA APRO

Mr. Björn Andersson thanked APDA for convening the meetings in support of the drive toward accelerated implementation of the ICPD Programme of Action. During the ICPD25 Nairobi Summit in 2019, it was recognized that it was crucial to accelerate the Programme of Action to achieve the 2030 Agenda for Sustainable Development. The summit generated over 1,250 voluntary commitments towards 12 collective actions for attaining the ICPD goals. However, Mr. Andersson said COVID-19 not only threatened the implementation of these voluntary commitments; the health and socio-economic impacts of COVID-19 had threatened to reverse decades of progress.

Mr. Andersson called on parliamentarians and participants to continue to advocate for the budgeting for SRH services, mitigation of GBV and ensuring progressive, evidence-based population policies. Leaders should use their oversight and accountability authority to empower rights' holders to exercise their rights and hold governments accountable to their obligations, including strengthening laws and policies to protect SRH. They should also ensure additional funding is available for SRHR, GBV and population and development.

Session 1: Human Rights Based Approach on COVID-19 Response in Asia and the Pacific

Ms. Jihan Jacob, Senior Legal Adviser for Asia, Centre for Reproductive Rights

Ms. Jacob opened her presentation with a case study of a pregnant Muslim woman living in India. The woman was denied access to the nearest hospital because of her religion. Because another hospital denied her for not having blood and ultrasound tests, she finally gave birth to a stillborn baby at a private facility. Jacob said she was one of the many pregnant Muslim women across India who had reported stillbirth due to denial of services, discrimination, and neglect.

Ms. Jacob introduced the Centre for Reproductive Rights as an international advocacy organization using a human-rights approach for SRHR. The Asia programme had strategically used capacity building to prevent and expose reproductive rights violations and build support forums.

The Centre's research showed that the COVID-19 public health crisis exposed existing gaps and inequalities within national health systems for the most vulnerable groups. Between March to August 2020, the Centre conducted fact-finding in the Sindh province of Pakistan. It began as an effort to probe rights violations experienced by women during pregnancy and childbirth. It was broadened to track the impact of COVID-19 on women and girls.

A report, released in the final week of October 2020, reflects how the availability of RH services declined, as the focus shifted toward the COVID-19 health crises. Access to safe and effective contraception had been dramatically reduced in availability, options and reliable information. It was difficult to access safe abortion and obstetric services, GBV increased, and health care workers were under pressure as hospitals run out of capacity.

The pandemic has led to accelerated development of the telehealth sector. However, because Pakistan lacks a legal framework around telemedicine, it has made it difficult for doctors to provide their services. Healthcare providers reported that they needed specific regulations and guidelines to provide effective telehealth services. Despite the Pakistani government's comprehensive guidelines for maintaining SRH services during the pandemic, there was inadequate implementation. However, the Centre found the Sindh government was highly responsive to civil society and to suggestions on how to improve policies and programmes in response to the emerging findings. Its Commission on the Status of Women facilitated a process of consultation with the government and NGOs to generate a gender policy framework for managing COVID-19 impact on women.

Ms. Jacob also outlined efforts to get abortion laws and SRHR regulations passed in Nepal. In March 2020, after a petition to the Supreme Court, the regulations were passed. Because of the strong advocacy efforts, this helped pave the way for the regulations and other policy responses during the COVID-19 pandemic.

Ms. Jacob emphasized the importance of working with both communities and parliamentarians as they play a crucial role in ensuring there are appropriate laws and policies and government responses, including any emergency measures which should be legal, proportionate, necessary and non-discriminatory. She said the key to COVID-19 responses is that health care remains inclusive, equitable and universal in that it is accessible and of good quality. It was essential to explore remedies for structural inequalities and ensure budgetary processes are in place.

She advocated finding alternatives with virtual technologies for essential and free SRH services. Governments need to prioritize marginalized communities because they face greater risks from the transmission of COVID-19. She defined marginalized as people with low-incomes, disabilities, living in rural areas, the LGBTQI+ community, immigrants and those in criminal or migrant detention.

Discussion

Hon. Lork Kheng, MP from Cambodia, outlined measures taken by the Royal Government. It established a National Commission for COVID-19 and promulgated laws for a state of emergency to uphold national security, public order, and the protection of the life and health of the people. The government keeps the borders open, while monitoring airports and international borders to keep the economy going.

Hon. Viplove Thakur, MP from India, said it was unlikely that the woman in the case study was discriminated against because of her religion because the Constitution outlawed this. She was, however, concerned that women were suffering disproportionately during the pandemic. She observed men and women suffered mental health issues, and the suicide rate increased because of COVID-19. Hon. Rana Rawal, Member of Provincial Parliament of Nepal, expressed concern about women and children suffering during the pandemic, including rape and suicide.

Ms. Jacob responded that in the case of the Muslim women in India, her denial of treatment was related to a community where there was a spike of COVID-19 cases following the Tablighi Jamaat incident. There were other similar cases in Nepal where women were refused help because they were from areas with high incidences. She recommended there was a need to look at telehealth and telemedicine as one of the solutions.

The image is a screenshot of a Zoom meeting. On the left, a presentation slide titled "Human rights" is displayed. The slide lists three bullet points: "Universal and inalienable", "Indivisible and interdependent", and "Equal and non-discriminatory". The logo for the "CENTER for REPRODUCTIVE RIGHTS" is visible in the bottom right corner of the slide. In the center, a chat window is open, showing a message with a link to a document titled "Human rights" and a list of the same three bullet points. On the right side, there are several video thumbnails of participants. From top to bottom, they are: "Nenita Dalde - Philippines", "Keizo Takemi, Chair of AF...", "Jihan Jacob", "APDA/JFPF, Japan", and "Björn Andersson".

Some of the most important

Session 2: The ICPD25 Challenges and Impact of COVID-19 in GBV and SRHR

Hon. Tomasito Villarín, former MP Philippines

Hon. Villarín began with a summary and background of the legislation relating to women and RH in the Philippines. He said ensuring women had access to modern contraceptive methods was initially slow because the country was Catholic. The country has the highest fertility rate among the ASEAN countries, with 2.7 children per women, and has one of the fastest-growing populations.

The lockdown in the Philippines was the longest and strictest in the region; yet the transmission rate is still growing almost 380,000 cases reported by 29 October 2020. The number is increasing, and most of the country, especially the urban areas, are in quarantine. COVID-19 impacted jobs and livelihoods, especially overseas work. Small business badly affected with almost one-third of small businesses closed.

GBV was high before COVID-19 with one in 20 women and girls aged between 15 and 49 have experienced sexual violence in their lifetime. Between 15 March and 2 April, there were 391 cases of violence against women and 42 cases of rape reported to the police (this data might be low due to underreporting). There was a concerning amount of online harassment, which also increased during COVID-19 and trended when the daughter of a senator hit back with a hashtag #HijaAko – meaning ‘I am a girl or a woman’ and speaking out against victim-blaming for rape and domestic violence. Protection and justice mechanisms for survivors of GBV had been disrupted. There was underreporting because citizens were prevented from leaving their homes.

Hon. Villarín also noted that police checkpoints were identified as a source of harassment as men control them. Only 12% of law enforcement staff are women, and most are involved in desk duties. There was limited recognition of diverse families like LGBTQI+ families by officials.

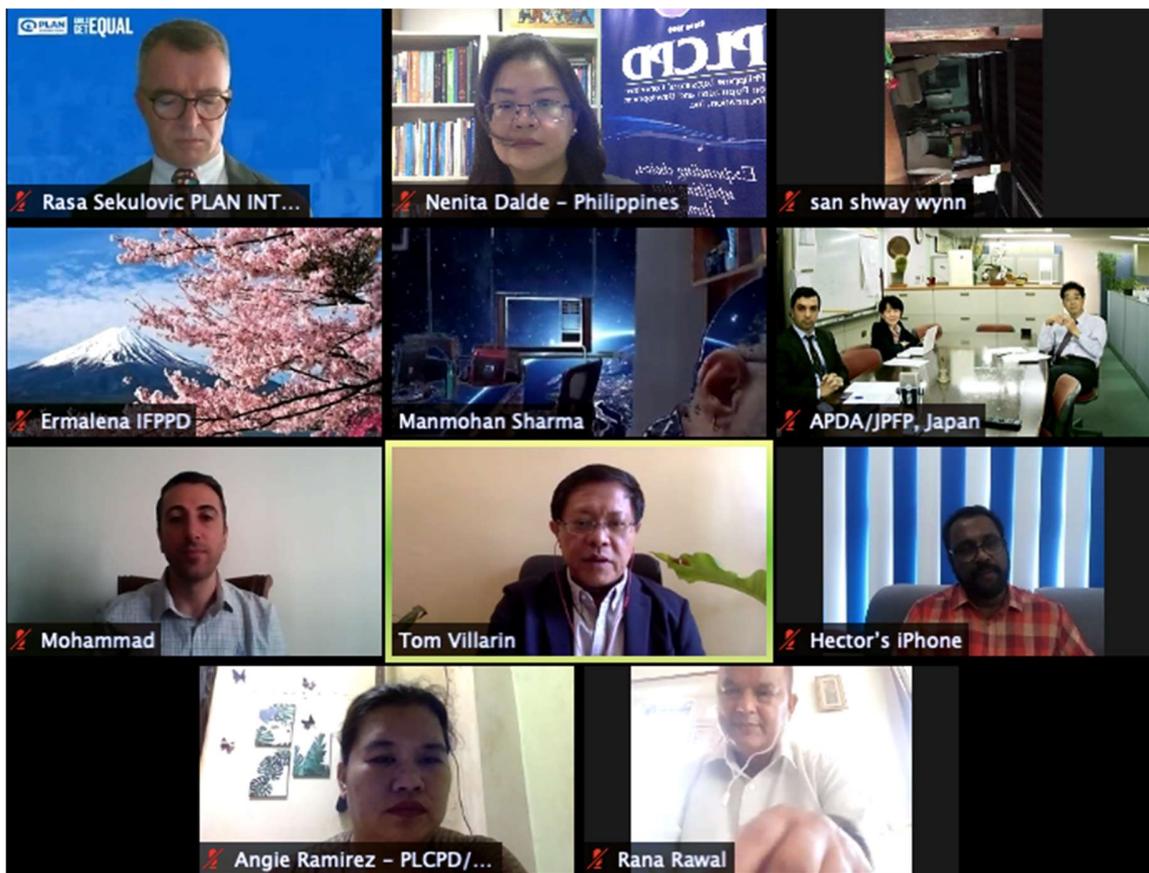
While there were subsidies and targeted social assistance programmes, there were some sectors that had been excluded. The assistance programmes were not carried over to 2021, and only \$10 million was provided for the unmet needs for reproductive health.

Discussion

Hon. Lork Kheng, MP from Cambodia, gave details of innovation in her country to help vulnerable communities during the pandemic. Each worker, who had their job suspended due to the pandemic, received an amount of US\$40 per month. Pregnant women living in poverty got US\$10

for each pre-natal check, and so did mothers who took their children for vaccinations. Each woman who gave birth in a public health facility received US\$50, and health workers in the public sector had their wages increased by 120% with attendants at births receiving US\$ 100 for each birth.

Hon. Villarín noted that the best approach to dealing with the pandemic was a human rights approach where citizens were empowered. Unfortunately, many countries had used the pandemic for increased leverage of the state against its citizens. Parliamentarians, civil society leaders should be active partners in developing appropriate assistance and policy responses.



Session 3: The Civil Society and Their Role in Response to SRHR and GBV during Pandemic

Mr Raša Sekulović, Regional Head of Child Protection and Partnerships, Plan International Asia Pacific Regional Hub

Mr. Sekulović's presentation concentrated on child forced marriage and adolescent pregnancies – and the impact of this during COVID-19. His organization, Plan International, has been active across 14 countries in the Asia Pacific since 1948 advancing children's rights. Mr. Sekulović noted that forced child marriage was a human rights violation, a harmful traditional practice, and a form of GBV. Gender inequality, family traditions, including religious beliefs, poverty and economic scarcity, conflict and instability situations of emergencies like the COVID-19 were among the causes.

Child and adolescent marriages had many detrimental consequences on girls and young women's health, including mental health. There is a lot of violence paired with it – physical and sexual violence. It affects education cycles with education disrupted as girls drop out of school, economic impacts including forced labour, consequences around fertility and intergenerational effects of early childbearing and social and civic participation or rather, exclusion.

Mr. Sekulović's noted that COVID-19 threatened to imperil progress in areas where the Asia region achieved the highest improvement. According to the UNFPA, an additional 13 million child marriage cases could take place over the next decade as a negative coping strategy worldwide. It would be necessary to work 17 times faster in this decade than the last to reach the SDGs on child or enforced marriages by 2030.

He noted in Timor-Leste there were exciting interventions by NGOs using technology. Quality information is provided by smartphone applications in real-time about SRHR. This creates a safe space for girls to ask questions about SRH. There are also interventions to counter GBV practices, strengthen protection, job election systems, and then improving knowledge of the SRHR information.

In Vietnam, there were interventions focusing on creating opportunities for education, empowerment, support services, protection and prevention from human trafficking and child marriage. All the interventions were on digital platforms.

Mr. Sekulović said the online solutions were particularly significant and Plan International was commissioning regional research on digital technologies and online solutions to prevent, reduce and eliminate child forced marriages. He noted there was a lot of talk about the risks, harms and

threats associated with cyberspace, but there were also benefits, including different online solutions to reduce child marriage by enabling the verification of age.

The online space was also critical for sharing relation to new regulations at national and district levels, also strengthening reporting and referral pathways, providing information on SRHR for the adolescents, reducing childhood forced marriages through galvanising youth engagement, and in some cases, again using the digital space to understand and claim rights, access support services and raise concerns with policymakers.

In Asia, there are 1.1 billion girls under the age of 18, and sadly, many girls and women were undervalued, underestimated, and continued to encounter gender-related restrictions and gender-based inequalities and discrimination. A single decision made for a girl during her second decade, had the potential to change her life course forever. Key to the success is to empower and involve young people and children.

Mr. Sekulović's had several key takeaway messages. These included a call for comprehensive, multi-sectoral and holistic human interventions; the application of a gender transformative approach and tackling deeply rooted inequalities. Also, investment in gender-responsive services was a must, particularly in the context of this pandemic. Strengthening evidence-based research and learning remained critical to interventions and planning. Continuous education in girls' empowerment should be on everybody's agendas.

Discussion

Ms. Angie Ramirez from PLCPD, the Philippines, noted that initially, child marriage was not recognized as a problem in her country. Building alliances were critical – and she said the #GirlDefendersAlliance became a good platform for young girls and women. It held an international “Zoomlidity” (Zoom solidarity rally) this year. This was the first multi-sectoral alliance in the Philippines focused on policy reforms to end violence against women and girls.

Consequences of Child, Early and Forced Marriage

Health: pregnancy & childbearing...

Mental Health: self inflicted injuries, suicide...

Violence: physical and sexual violence by their husband...

4. Education: school drop-out. Effect on their children's development...

5. Economic impacts: labour force participation...

6. Fertility and intergenerational effects of early childbearing: higher fertility rates...



Wrap-up

Ms. Kamma Blair, Programme Officer, UNFPA APRO

Ms. Blair wrapped up, saying she had learnt a lot from the honourable members and experts who participated the meeting. She believed the online platform was becoming more interactive with each session and asked people to reach out if they had ideas for 2021.

Closing

Dr. Osamu Kusumoto, Executive Director/Secretary General of APDA

Dr. Kusumoto thanked delegates and said that very simple understanding for human rights is to respect other life. He said that this is very basement of our activities and that hoped that this meeting served as a valuable platform for addressing COVID-19 and its impact in each country.

APPENDIX

Meeting Part-I

Programme

17 September 2020

11:00-11:05	<i>Opening</i> MC: Dr. Osamu Kusumoto , Executive Director/Secretary General of APDA [5 mins]
11:05-11:10	Opening <i>Address by Organizer</i> Hon. Yoko Kamikawa , Chair of the Japan Parliamentarians Federation for Population (JPFP) (TBC) [5 mins]
11:10-11:40	<i>Session 1: Socio-economic Impacts of COVID-19 in Asia and the Pacific: Implications on the implementation of ICPD Programme of Action and the 2030 Agenda for Sustainable Development</i> Mr. Davide De Beni , Health Economist, UNFPA APRO [30 min]
11:40-12:10	Discussion [30 min]
12:10-12:20	Break [10 min]
12:20-12:50	Session 2: The ICPD25 follow up and GBV and SRHR challenges in Asia Sri Lanka/Lao PDR case studies Ms. Rose Hadley , Consultant and Expert [30 min]
12:50-13:20	Discussion [30 min]
13:20-13:50	<i>Session 3: Role of Civil Societies in Response to SRHR and GBV during Pandemic</i> Ms. Meirinda Sebayang , Chair of Jaringan Indonesia Positive [30 min]
13:50-14:20	Discussion [30 min]
14:20 -14:25	<i>Wrap up</i> Ms. Kamma Blair , Programme Officer, UNFPA APRO [5 mins]

Meeting Part-II

Programme

29 October 2020

14:30-14:40	Opening
	<i>Address by Organizer</i> Hon. Prof. Keizo Takemi , MP Japan, Chair of AFPPD, Executive Director of JPFP [5 min]
	<i>Address</i> Mr. Björn Andersson , Regional Director of UNFPA APRO [5 min]
14:40-15:00	Session 1: Human Rights Based Approach on COVID-19 Response in Asia and the Pacific
	Ms. Jihan Jacob , Senior Legal Adviser for Asia, Centre for Reproductive Rights [20 min]
15:00-15:40	Discussion [40 min]
15:40-15:50	Break [10 min]
15:50-16:10	Session 2: The ICPD25 Challenges and Impact of COVID-19 in GBV and SRHR
	Case Study: Philippines Hon. Tomasito Villarin , former MP Philippines [20 min]
16:10-16:50	Discussion [40 min]
16:50-16:55	Break [5 min]
16:55-17:15	Session 3: The Civil Society and Their Role in Response to SRHR and GBV during Pandemic
	Mr. Raša Sekulović , Regional Head of Child Protection and Partnerships, Plan International Asia Pacific Regional Hub [20 min]
17:15-17:50	Discussion [40 min]
17:50 -17:55	Wrap-up
	Ms. Kamma Blair , UNFPA APRO [3 mins]
	Closing Dr. Osamu Kusumoto , Executive Director/Secretary General of APDA [3 mins]

Meeting Part-I

Participants' List

No		Name	Country	Position
Participants from Asia and the Pacific Countries				
1	Ms.	Roslyn Dundas	Australia	NC officer
2	Hon.	Ugyen Wangdi	Bhutan	MP
3	Hon.	Dorji Wangmo	Bhutan	MP; Chair of women, child and youth committee
4	Hon.	Dil Maya Rai	Bhutan	MP
5	Hon.	Tshering Choden	Bhutan	MP
6	Hon.	Viplove Thakur	India	MP; Vice-President IAPPD
7	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
8	Hon.	Ermalena M.Hasbullah	Indonesia	MP; IFPPD Chair
9	Ms.	Nelita Endon	Indonesia	IFPPD Secretary
11	Hon.	Yoko Kamikawa	Japan	MP; Chair of JPFP; Minsiter of Justice
11	Hon.	Mariany M. Yit	Malaysia	Former MP
12	Mr.	Enkhtuvshin Urtnasan	Mongolia	Parliamentary Advisor
13	Hon. Dr.	Khin Soe Soe Kyi	Myanmar	MP; Chairperson of Pyithu Hluttaw Women and Children's Rights Committee
14	Hon. Dr.	Daw Pyone	Myanmar	MP
15	Dr.	Kyi Moht Moht Lwin	Myanmar	Secretary of the Committee
16	Dr.	Rana Bahadur Rawal	Nepal	Member of Provisional Parliament, Sudurpaschhim Province
17	Mr.	Manohar Bhattarai	Nepal	
18	Hon.	Romina Khurshed Aalam	Pakistan	MP
19	Mr.	Syed Raheem Shah	Pakistan	NC officer
20	Ms.	Angelica Ramirez	Philippines	PLCPD Advocacy and Partnerships Manager
21	Hon.	Hector Appuhamy	Sri Lanka	MP
22	Hon. Dr.	Jetn Sirathranont	Thailand	MP
23	Dr.	Nguyen Van Tien	Vietnam	Former Vice-Chair of VAPPD, Expert
The United Nations Population Fund (UNFPA)				
24	Ms.	Kamma Blair	Thailand	UNFPA APRO
25	Ms.	Gunilla Backman	Thailand	UNFPA APRO
27	Mr.	Davide De Beni	Thailand	UNFPA APRO

28	Ms.	Hien Phan	Myanmar	UNFPA Myanmar
29	Ms.	Wyne Sandy Myint	Myanmar	UNFPA Myanmar
30	Mr.	Bijay Thapa	Nepal	UNFPA Nepal
The Asian Population and Development Association (APDA)				
31	Dr.	Osamu Kusumoto	Japan	Secretary General/Executive Director of APDA
32	Ms.	Hitomi Tsunekawa	Japan	
33	Dr.	Farrukh Usmonov	Japan	
34	Ms.	Yoko Oshima	Japan	
CS partners/Consultants/Resource persons/Capturing				
35	Ms.	Rodelyn Marte	Thailand	APCASO
36	Ms.	Jennifer Ho	Thailand	APCASO
37	Ms.	Jeff Acaba	Thailand	APCASO
38	Ms.	Mangala Namasivayam	Thailand	APCASO
39	Ms.	Hadley Rose	USA	Consultant/Presenter
40	Ms.	Nenita Dalde	Philippines	Captioner
41	Ms.	Melisa Jane B. Comafay	France	Captioner
42	Ms.	Chantelle McCabe	New Zealand	Consultant
43	Ms.	Cecilia Russell	EU	Rapporteur

Meeting Part-II

Participants' List

No		Name	Country	Position
Participants from Asia and the Pacific Countries				
1	Ms.	Roslyn Dundas	Australia	NC officer
2	Hon.	Lork Kheng	Cambodia	MP
3	Hon. Dr.	Damry Ouk	Cambodia	MP
4	Mr.	Eng Vannak	Cambodia	NC officer
5	Hon.	Viplove Thakur	India	MP; Vice-President IAPPD
6	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
7	Hon.	Ermalena M.Hasbullah	Indonesia	MP; IFPPD Chair
8	Hon.	Keizo Takemi	Japan	MP; Chair of AFPPD, Member of APDA Board of Directors
9	Hon.	Meruert Kazbekova	Kazakhstan	MP
10	Mr.	Enkhtuvshin Urtnasan	Mongolia	Parliamentary Advisor
11	Hon. Dr.	Khin Soe Soe Kyi	Myanmar	MP; Chairperson of Pyithu Hluttaw Women and Children's Rights Committee
12	Hon. Dr.	San Shwe Wynn	Myanmar	MP; Chairperson of Health and Sports Development Committee
13	Hon. Dr.	Daw Pyone	Myanmar	MP
14	Dr.	Rana Bahadur Rawal	Nepal	Member of Provisional Parliament, Sudurpaschhim Province
15	Mr.	Salman Babar Baig	Pakistan	MP
16	Mr.	Syed Raheem Shah	Pakistan	NC officer
17	Ms.	Angelica Ramirez	Philippines	PLCPD Advocacy and Partnerships Manager
18	Hon.	Hector Appuhamy	Sri Lanka	MP
19	Hon. Dr.	Jetn Sirathranont	Thailand	MP
20	Ms.	Vu Thi Binh Minh	Vietnam	
21	Dr.	Nguyen Van Tien	Vietnam	Former Vice-Chair of VAPPD, Expert
The United Nations Population Fund (UNFPA)				
22	Mr.	Bjorn Andersen	Thailand	Regional Director, UNFPA APRO
23	Ms.	Kamma Blair	Thailand	UNFPA APRO
24	Ms.	Gunilla Backman	Thailand	UNFPA APRO
25	Ms.	Hien Phan	Myanmar	UNFPA Myanmar
26	Mr.	Bijay Thapa	Nepal	UNFPA Nepal
The Asian Population and Development Association (APDA)				
27	Dr.	Osamu Kusumoto	Japan	Secretary General/Executive Director of APDA

28	Ms.	Hitomi Tsunekawa	Japan	
29	Dr.	Farrukh Usmonov	Japan	
30	Ms.	Yoko Oshima	Japan	
CS partners/Consultants/Resource persons/Capturing				
31	Mr.	Raša Sekulović	Thailand	Plan International, Regional Head of Child Protection and Partnership
32	Mr.	Tomasito Villarin	Philippines	Former Member of Parliament
33	Ms.	Jihan Jacob	Philippines	Senior Legal Adviser, Center for Reproductive Rights
34	Dr.	Mohammad Smadi	Jordan	Regional coordinator, FAPPD
35	Ms.	Nenita Dalde	Philippines	Captioner
36	Ms.	Anna Marie Alhambra	Philippines	Captioner
37	Ms.	Cecilia Russel	EU	Rapporteur