Data in this report are drawn from the most recent available statistics from UNFPA and other United Nations agencies. For more information on the work of UNFPA in Asia and the Pacific, please visit our website:

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FOREWORD

We have unfinished business.

Zero preventable maternal deaths. Zero unmet need for family planning. Zero gender-based violence and harmful practices against women and girls. UNFPA’s Three Transformative Results are inspired by the revolutionary Programme of Action that emerged from the 1994 International Conference on Population and Development (ICPD) in Cairo, which for the first time put individual rights and choices at the heart of sustainable development, underpinning our vision of a world where every pregnancy is wanted, every childbirth is safe, and every young person’s potential is fulfilled.

Since UNFPA was founded 50 years ago, the number of women dying from pregnancy or childbirth has nearly halved. Women are better able to plan whether, when and how many children they want, youth are more empowered with greater access to sexual and reproductive health information and services, and child marriage is declining.

In 2018, our regional and country programmes in Asia-Pacific UNFPA continued to accelerate the ICPD Programme of Action which in turn contributes to the 2030 Agenda and its Sustainable Development Goals. But there is still much work to be done - still yet unfinished business in achieving ICPD, without which, quite simply, we will not achieve the SDGs.

Progress towards the achievement of our Transformative Results will significantly rest on the degree to which progress is made in humanitarian settings as well. During times of disasters, pregnancy and childbirth-related deaths increase, as does gender-based violence. Sexual and reproductive health services and psychosocial services are often unavailable. UNFPA ensures that life-saving services are accessible for populations affected by humanitarian crises, paying particular attention to the special needs of women and young people.

UNFPA anticipates and responds to tomorrow’s challenges today. We help countries use population data, including those gleaned from censuses, often carried out with our support, to better understand and address the region’s demographic changes, including population ageing, and bring about informed policies for sustainable development. And we help ensure that the sexual and reproductive health and reproductive rights of women and young people, and achieving gender equality, remain at the very centre of development – true to the vision of the ICPD Programme of Action and Agenda 2030 whose ultimate pledge is to leave no one behind.

Björn Andersson
Regional Director, Asia and the Pacific,
UNFPA, the United Nations Population Fund
VISION 2030
ZERO

UNFPA ASIA-PACIFIC
PROGRESS IN 2018

127 maternal deaths per 100,000 live births

10% of women with an unmet need for family planning*

21% of women & girls subjected to gender-based violence**

19 countries are advancing comprehensive sexuality education

535,829 girls at risk of, or affected by, child marriage have received prevention and/or protection services and care related to child, early and forced marriage

119,752 women subjected to violence have accessed services

34,167 safe deliveries were assisted by UNFPA in 6 countries in emergency settings

US$8,172,000 disbursed by UNFPA for contraceptives supplies*

164 women-friendly & youth spaces & reproductive health facilities were established in 7 countries

597,127 unsafe abortions averted*

54

*Women aged 15-49 who are married or in a union
**Women, girls, age 15 or older subjected to physical, sexual or psychological violence by current or former partner in past 12 months

*In 5 countries receiving direct UNFPA support for contraceptives
In Asia and the Pacific, there has been significant progress towards reducing the maternal mortality ratio in many countries. There are, on average, 127 maternal deaths per 100,000 live births in the region. While ending preventable maternal mortality remains a challenge, countries are showing commitment to addressing preventable maternal deaths and morbidities. Of the high-burden countries (Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Timor-Leste) only four of them (Bangladesh, Indonesia, Lao PDR, Timor-Leste) according to UN estimates and estimated annual rates of reduction are on track to reach the SDG target for maternal mortality reduction by 2030. UNFPA supports a targeted approach to ensure that quality skilled birth attendants (midwives) are present at every birth, that women have access to skilled emergency care if a life-threatening complication occurs, and that every death is measured and understood to prevent this from occurring again.

UNFPA supports governments and ministries of health in the Asia-Pacific region to ensure that their clinical and technical guidelines reflect the latest international standards and evidence-based approaches to promoting maternal health and end preventable maternal deaths. In 2018, thanks to UNFPA’s support, 14 countries in the region could ensure that the most updated policies and standards were adopted by respective ministries, promoting improved quality of care for mothers and their newborns.

The work that UNFPA supports includes strengthening Emergency Obstetric and Newborn Care (EmONC) systems across the region, from performing EmONC Needs Assessments to identify critical gaps, to developing costed action plans to ensure the EmONC systems can be effectively put in place and are fully functional. UNFPA also continues to promote access to quality sexual and reproductive health services by building the capacity of healthcare workers and ensuring accurate and reliable information related to maternal mortality.
By midnight, Khurshid, 35, was in serious trouble. Five months pregnant and bleeding heavily, she had passed out at home. Her family carried her unconscious body to the nearest – and only – health station in Afghanistan’s remote, mountainous Chesht-e Sharif District.

“Her state shocked me, but I knew quickly that it was a miscarriage,” recalled Amena, 22, the midwife on duty at the clinic, known locally as a ‘family health house’.

Khurshid was at risk of bleeding to death – one of the most common causes of maternal death in the world.

The vast majority of maternal deaths are preventable, yet pregnancy and childbirth continue to take the lives of thousands of women every year. Most of these deaths take place in poor and rural areas with limited access to health care.

Amena knows these risks all too well. She worked rapidly to stop the haemorrhaging, and was relieved when Khurshid’s condition stabilized.

Helping midwives help women

Amena has worked at the family health house for around two years. The facility is one of 123 family health houses that UNFPA has helped to establish.

Midwives and health workers are on call at all hours. They provide skilled birth attendance, family planning services, basic health care and referrals. And UNFPA is working to increase the number of midwives available to provide such care through a community midwifery education programme.

The programme recruits midwives from remote villages, then trains them to meet the reproductive health needs of under-served areas. UNFPA also supports a 24-hour toll-free midwifery helpline. Through the helpline, highly skilled midwives and doctors provide technical answers and advice when health workers encounter complex or dangerous cases.

Time to heal

These efforts are slowly making a difference. Today, across Afghanistan, around 60 per cent of people live within an hour’s travel from a health facility, and 88 per cent live within two hours’ travelling time.

As for Khurshid, she is happy to have survived. She took some time to heal at the family health house. Now, she is looking forward to going home to resume her life and see her four young children.

“I feel healthy and am very much thankful to Amena, who has saved my life and helped me recover,” she said.

Midwives deployed to save lives

Well-trained midwives could help avert roughly two thirds of all maternal and newborn deaths globally.
Towards

ZERO

unmet need
for family
planning

Nearly 700 million women and adolescent girls in developing countries now use modern contraceptives. UNFPA is fully committed to supporting governments and communities to ensure that sexual and reproductive health will become a reality for all in Asia and the Pacific. But despite improvements, there are still 140 million women in the region with an unmet need for family planning.

In 2018, UNFPA provided over US$8 million in contraceptives commodities in five countries (Lao PDR, Myanmar, Nepal, Papua New Guinea, and Timor-Leste) that receive direct support from the Fund, as UNFPA supplies priority countries in the region. In addition, UNFPA provided support to five countries (Cambodia, Mongolia, Myanmar, Philippines and Viet Nam) to procure contraceptive commodities on their behalf, through third-party procurement services. To achieve zero unmet need for family planning by 2030, UNFPA encourages countries to make family planning services and a full range of contraceptives choices readily available and to invest in services and supplies under the umbrella of universal health coverage. In 2018, 15 countries in the region have worked on strengthening the capacities of health providers for the human rights-based provision of family planning services, through UNFPA’s training and support.

Family planning services reduce unintended pregnancies, unsafe abortions, maternal deaths, and pregnancy-related disabilities, and have the potential to save countries billions of dollars in healthcare and related costs. Cost-benefit analyses showing the impact and potential return on investment of family planning services were carried out in 2018 in Afghanistan, Papua New Guinea and Timor-Leste, as well as Indonesia for adolescents’ access to contraception, in order to support UNFPA’s advocacy and promote family planning for all.

Family planning is central to gender equality

Over

2M

unintended pregnancies averted*

*In 5 countries receiving direct UNFPA support for contraceptives
Rows of women filled the open-air basketball court. Hannah Gumaro and Joan Calamayan gathered with around 50 other young women at a bright green community centre in the Philippine village of Kalabaza.

"Today we are going to talk about how to plan the timing and size of your families," announced Benjamin Lucas, a reproductive health facilitator.

Expanding family planning choices

Mr. Lucas’s event was part of a UNFPA-supported project to provide women with access to an expanded variety of contraceptive choices. Access to a wide range of contraceptive options is critical to fulfilling the human right to family planning. Yet too many women lack knowledge about, and access to, choices that work for them.

In 2015, the Philippine Supreme Court issued a temporary restraining order that prevented the health department from procuring, distributing or administering contraceptive implants – a long-acting family planning method. When the restraining order was lifted in 2017, the implant proved popular, particularly among women from poor communities.

Village captain Estelita Guuo, 63, smiled as the other Ibanag women received information about contraceptive implants. "While some women want to get pregnant, others might not. This is why it is very important that women have a choice," she said.

A path away from poverty

"Life is hard," said 23-year-old Hannah Gumaro, who chose to receive the contraceptive implant. The mother of two and her husband, a construction worker, are not financially ready for another child, she said.

Ms. Calamayan also chose the contraceptive implant. "Life can be challenging, and children are the ones who suffer when there is no food to eat," she told UNFPA. "My husband and I, we already have three children who we need to educate. I hope more women have access to modern family planning," said Ms. Calamayan after receiving the implant.
About one in three women worldwide will have experienced physical or sexual violence at some point in her lifetime. In Asia and the Pacific, women’s lifetime experience of physical or sexual violence ranges from 15 per cent in Lao PDR to 68 per cent in Papua New Guinea. Harmful practices like child marriage also remain widespread, which represents significant challenges to young people’s human rights, opportunities for women and overall sustainable development. To meet the 2030 Sustainable Development Goals target, progress must be accelerated, and UNFPA seeks to urgently address this issue.

UNFPA works to promote gender equality and empowerment of women in close collaboration and partnership with sister UN agencies and regional civil society organisations. In 2018, 11 countries supported development or review of national policies and legislation to promote gender equality and eliminate GBV and harmful practices, and a further five countries supported the implementation of existing laws and policies.

Most country offices in the region worked in partnership with government and civil society to promote gender equality and build capacity of national partners to address gender based violence. Two countries in the region, the Philippines and Sri Lanka, worked closely with National Human Rights Institutions to support reporting and monitoring on sexual and reproductive health and rights.

At a regional level, UNFPA continued to collaborate with sister UN agencies as co-chair of the UNITE working group with UN Women, partnered with UN Women to build the capacity of UN Gender Theme Groups, and co-chaired the South Asia Coordinating Group on Violence Against Children with Plan International.
UNFPA in Asia and the Pacific also supports countries in gathering, analysing and using prevalence data on violence against women through its Australia funded ‘kNOwVAWdata’ initiative.
In Bangladesh, over 1 million Rohingya refugees need support. More than half are women and girls.

"We have suffered so much – our families, our children, killed and young girls raped – but we escaped. We were thirsty for seven days – not a drop of water. We tied our bellies tight, so we wouldn’t feel any hunger. My kids tried to eat soil. They suffered diarrhoea, lots of illness.

It was so tough when we arrived in Bangladesh, we slept on the streets of Cox’s Bazar. We were in the community when we heard of the UNFPA Women Friendly Space; that’s when we reached this ‘House of Peace’. We didn’t know any of the service points in the camps when I arrived; now I do, and I introduce them to other women and girls.

My relatives are rape survivors, they were ashamed, we didn’t know what to do for them. That’s when the ‘Women Friendly Space’ came to our help.

We also bring our children here; our kids witnessed the slaughter and the atrocities, they have nightmares and cannot sleep. Here they can play together in a nicer environment.

It is not that we are always comfortable or well, of course. I continuously cry inside and when I cannot tolerate it any more that’s when I come to the ‘House of Peace’.

Earlier, we couldn’t share our stories with anyone, even small domestic issues between husband and wife. Now we have people who listen.

Our daughters were married off early in Myanmar. The military would abduct and rape them. If they were married there was a lower chance of that happening. But I am now working to prevent child marriage; I know that getting married below the age of 18 is not good for health or relationships. If I hear of such cases I do advocacy, and bring the adolescents and their mothers to the ‘Women Friendly Space’ as well.

I tell the men, if you are suffering from any illness you go outside of the home to a health point – so why not let your women access them as well? If I fail, then I ask my husband to convince them.

Case workers and volunteers earlier worked on my husband to change his conservative attitudes, and he is now working for the community to convince them to let women and girls have choices and access. My husband is a member of the mosque hence he’s an influential member of the community and uses this to help influence other men positively.”

- Nasreen, 36 years old, Cox’s Bazar
Responding to humanitarian crises

Asia and the Pacific is the most disaster-prone region in the world, with nearly 45 per cent of the world’s natural hazards occurring in this region and on average affecting 25 million people annually. The region is also home to a number of protracted crises and conflicts resulting in large refugee and displaced populations.

Disasters disproportionately affect women and girls. In times of upheaval, pregnancy-related death increase and sexual and reproductive health services are often unavailable. With the disruption of national and community services delivery and breakdown of support mechanisms, women and girls are at heightened risk of violence, exploitation and abuse; many women lose access to family planning services, exposing them to unintended pregnancies in perilous conditions.

UNFPA anticipates and implements efficient, quality and inclusive emergency responses. UNFPA works closely with national governments, civil society organizations and other partners to build capacity, advocate for sexual and reproductive health and protection needs in national disaster management policies and plans, and to meet the needs of women and girls before, during and after a crisis.

UNFPA leads the global “Gender-Based Violence Area of Responsibility” forum ensuring that coordination measures to prevent, mitigate and respond to gender based violence are in place in emergency settings. UNFPA is also the global manager of the Inter-Agency Emergency Reproductive Health Kits that are pre-packaged and ready for immediate dispatch. In the acute response phase of emergencies, UNFPA also provides dignity kits for women and girls of reproductive age, which contain culturally appropriate hygiene, clothing and protection items, enabling them mobility to seek life-saving humanitarian services such as basic health and shelter support.

Over 450,000 girls & women were reached with dignity kits & emergency reproductive health kits during crises

UNFPA leads gender-based violence coordination during humanitarian crises
When a 7.3 magnitude earthquake struck the remote Southern Highlands Province of Papua New Guinea in February 2018, 18-year-old Julian Ako was heavily pregnant with her third child.

She and her family emerged unscathed, but their home, like many others near the earthquake’s epicentre, was severely damaged.

A landslide contaminated their sole nearby source of safe drinking water. The earthquake’s aftermath brought strong aftershocks, whilst newly impassable roads and disruption of vital services made it hard for Julian to provide for her two young children.

Inadequate infrastructure makes many parts of this impoverished country hard to access and since the earthquake many critical health stations are out of commission.

Life and death

For Julian, the effects of the earthquake and its aftermath compounded the challenges of a difficult birth. “When my contractions started,” she recalls, “the local nurse told me she couldn’t help, and sent me off to the hospital to give birth.” This larger facility had already received safe birthing kits from UNFPA.

Early the next morning, after Julian had been in labour for hours, midwives discovered that her baby had hydrocephalus. The baby died, and Julian’s life was in serious jeopardy.

Health, safety and dignity

Thanks to a swift referral made by a midwife from Papua New Guinea’s Family Health Association and a reproductive health officer from UNFPA, Julian was quickly airlifted to the larger, better-equipped Mendi provincial hospital, where her life was saved.

Julian was one of approximately 3,200 pregnant women caught up in the disaster who, along with an estimated 35,000 earthquake-affected women of reproductive age, were targeted by UNFPA as part of the government-led emergency response.

With support from Australia, the government distributed 6,200 of UNFPA’s dignity kits – containing vital health, hygiene and safety products to meet the needs of women and girls – in the worst-hit areas. In some of the worst-affected areas, UNFPA distributed reproductive health kits containing supplies related to clean delivery, sexually transmitted infections and post-rape care.

Julian, meanwhile, is now safe, recovering and looking to the future.
The Asia-Pacific region is at the forefront of the global phenomenon of population ageing. By 2050, one in four people in Asia and the Pacific will be over 60 years old. The population of older persons in the region will triple between 2010 and 2050, reaching close to 1.3 billion people. The majority of older persons, including the ‘oldest old,’ are women.

Ageing is a triumph of development. People live longer because of better nutrition, sanitation, health care, education, and economic well-being. More women have choices on whether to have children and how many, which is often be linked to lower fertility in many contexts. Ageing, often in parallel with lower fertility among the population of reproductive age, does pose challenges and many governments are apprehensive about this demographic shift. But the right set of policies can equip individuals and societies to address these challenges and to reap a ‘longevity dividend.’

At the 2018 HelpAge regional conference in Tehran, Iran, governments called upon UNFPA to strengthen its ability to provide policy advice on population ageing, and to help bring government and civil society stakeholders together to address the issue.

UNFPA advocates for a life-cycle approach to create optimal solutions – investing in health and well-being from pregnancy through childbirth, childhood and adolescence, and on to adulthood and eventually old age, cultivating community involvement in the process, and emphasizing the rights of individuals of all ages.

This is the foundation of sustainable and equitable development for all, and UNFPA is firmly committed to supporting countries every step of the way.
Ageing is not to be feared, but understood

Age discrimination is the biggest barrier to active ageing. Let’s take a stand against ageism and convert challenge into opportunity.
Asian Ministerial Conference on Disaster Risk Reduction
UNFPA provided technical support to Member States during the 2018 Asian Ministerial Conference on Disaster Risk Reduction. UNFPA worked with countries to bring increased attention to the needs of women and girls in the context of disaster risk reduction, including during preparedness, response and recovery.

Inter-Ministerial Conference on South-South and Triangular Cooperation
UNFPA also organised, with the Government of Indonesia and Partners in Population and Development, an Inter-Ministerial Conference on South-South and Triangular Cooperation: Emerging Population and Development Issues Influencing the 2030 Agenda. The meeting provided governments with an opportunity to discuss crucial issues in population and development, such as big data that would benefit from a South-South partnership approach. The meeting produced an official statement that contributed to the Second High-level UN Conference on South-South Cooperation.

Mid-term Review of the Asia and the Pacific Ministerial Declaration on Population and Development
Together with the UN Economic and Social Commission for Asia and the Pacific (ESCAP), UNFPA co-organized the Mid-term Review of the Asia and the Pacific Ministerial Declaration on Population and Development (APPC MTR). The meeting reviewed progress in implementing the 2013 Asia and the Pacific Ministerial Declaration on Population and Development, and served as the regional review meeting of the implementation of the ICPD Programme of Action, in preparation for the ICPD 2019 global review in the context of the 25-year anniversary. During the APPC MTR, members and associate members of ESCAP acknowledged the mutually reinforcing relationship between the Asian and Pacific Ministerial Declaration in the context of ICPD and the 2030 Agenda for Sustainable Development, in achieving inclusive, rights-based and people-centred sustainable development.

Access the ICPD Programme of Action: unfpa.org/ICPD

In 2018, UNFPA in Asia-Pacific actively supported Member States in intergovernmental processes to promote the accelerated implementation of the ICPD Programme of Action.
The Asia-Pacific region is facing new and evolving challenges such as climate change, widening economic inequality, increasing conservatism, and an increase in both natural and man-made disasters. But together with our donors and partners, we are persevering.

UNFPA in the Asia and the Pacific, engaged a broad range of partners including donor governments, UN agencies, private sector, foundations, civil society organizations, parliamentarians, philanthropic organizations and academia to work jointly towards the achievement of the transformative results. Our donors and partners have made it possible for us to help ensure rights and choices for all. We at UNFPA will do our utmost to fulfill the promise of ICPD for everyone, everywhere.

UNFPA in Asia and the Pacific mobilised US$121.7 million in non-core funding in 2018. We would like to express our gratitude to all our donors that continue to support our work through core and non-core contributions.