



Capacity Building for Networks and Alliances on  
Reproductive Health, Gender and Sexuality for Mobile  
and Cross-Border Population in the Mekong Region  
Ubonratchatani, 21-23 Feb., 2007

**Universal Access to Reproductive Health Services  
for Mobile and Cross-border Populations:  
*From Cairo to Asia....Successes and Challenges***

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# Scope of RH from ICPD Cairo 1994, PoA

*RH is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to reproductive system and to its functions and processes. RH therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right for men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the chance of having a healthy infant.....*

How to apply this definition to mobile & cross-border populations?



# Actions from PoA on RH

- All countries should strive to make accessible through the primary health-care system, RH to all individuals of appropriate ages as soon as possible and no later than the year 2015.

*How do we adopt ICPD agenda and turn it into actions relevance to context of cross-border populations?*



# ICDP & Millennium Development Goals (MDGs) and Targets on RH

- **Goal 3:** Promote gender equality and empower women
  - Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015
  - Indicators # 9-12 – all of them not applicable/relevant for these populations



# ICDP & Millennium Development Goals (MDGs) and Targets on RH

- **Goal 4: Reduce child mortality**
  - Target 5: Reduce by two-thirds, between 1990 and 2015, the under five mortality rate
  - Indicators #13-15 – IMR, CMR, Proportion of children immunized against measles



# ICDP & Millennium Development Goals (MDGs) and Targets on RH

- **Goal 5: Improve maternal health**
  - Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
  - Indicators # 16-17
    - MMR
    - Proportion of birth attended by skill birth attendants



# ICDP & Millennium Development Goals (MDGs) and Targets on RH

- **Goal 6:** Combat HIV/AIDS, malaria and other diseases
  - Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
  - Indicators#18-20 (n=6)
    - HIV prevalence among 15-24 & pregnant women
    - Condom use rate of the contraceptive prevalence rate
    - Condom use rate at high-risk sex
    - % of 15-24 with comprehensive correct knowledge of HIV/AIDS
    - CPR
    - Ratio of school attendance of orphans



# Who are we talking about concerning their RH?

- How do we define mobile and cross-border populations?
  - Stateless people
  - Ethnic minorities
  - Cross-Border Migrants (CBM) at border areas
  - CBM in provinces
  - CBM in construction sites?
  - CBM in sex industry



# How to prioritize scope of RH, Gender, Sexuality among these populations?

*Maternal & Child Health*

*Family Planning*

*STI, HIV/AIDS*

*Adolescent Reproductive Health*

*Sex Education*

*Gender-based Violence*



# Background characteristics by type of works

- Age & sex
- Alone, with family, with peers
- Trafficked. Willing?
- Language proficiency
- Access to information



# Universal Access to RH for CBM

**Supplies**



**Demands**

- Awareness/knowledge
- Access to health services – available & affordable
- Service Delivery Points (SDP)

**SUSTAINABILITY---HOW?**



# Key to success

## Culturally-sensitive approach

- Participatory
  - Respect
- Do no harm
- Innovative