

Aurat March Lahore's Charter of Demands 2021: Patriarchy ka Pandemic

1. Aurat March Lahore demands the health budget be increased to 5% of the GDP in the 2021-22 fiscal budget with information on allocated for women's and transgender community's reproductive, mental and rehabilitative health. We demand that all provincial governments release information regarding health budgets dedicated to reproductive health by March 8, 2021, and make public a plan for addressing COVID-19 specific challenges faced by women and gender minorities.
2. We demand an urgent end to efforts to privatize the healthcare system, which is turning healthcare into a for-profit business rather than a public service. We assert universal healthcare for all individuals to be the state's responsibility.
3. We recognise gender-based violence as a healthcare issue as it disproportionately harms the physical and mental capacities of survivors and the community at large. We demand massive state investment in rehabilitative programs to manage the long-term effects of the violence.
4. We assert that chemical castration is an ineffective punishment, rooted in the faulty notion that rape is a crime of sexual desire rather than power. We demand it to be removed from the Anti-Rape Ordinance 2020 and passed by Parliament, with the necessary amendments.
5. Considering the increase in the burden of care work during the COVID-19 pandemic, we demand that domestic work, and its outsourcing care work to the 'informal economy', and women's contribution to the care economy be recognised as labour that is equal to other types of work.
6. We demand the COVID-19 vaccine rollout policy by the NCOC and Ministry of National Health Services take into account accessibility for all classes, genders, religious and ethnic minorities. We also demand that the government release gender-segregated COVID-19 data, including data about the transgender community.
7. We assert that addiction and drug usage be treated as a public health issue with investment in rehabilitation services rather than through a carceral approach that criminalises addiction in marginalised communities.
8. We recognise that willful denial of contraception or access to health services by partners and families is a form of domestic violence. We demand universal access to modern contraceptive methods for all, regardless of class and geographical location.
9. We demand that consent-based, Life Skills Based Education (LSBE) should be part of the primary and secondary school curriculum for children to assert bodily autonomy and prevent rampant child abuse.
10. Forced gender-reassignment medical procedures, particularly against intersex individuals in order to make them conform to a gender binary, should be recognised as a form of sexual and gender-based violence.
11. All individuals should have access to safe abortion facilities, information and bodily integrity. Prices of menstrual hygiene products should be subsidised to be easily accessible to all.
12. We demand the formation of functional sexual harassment committees under the Protection against Harassment of Women at the Workplace Act, 2010 in all medical facilities to create a safe working environment for medical professionals. The Act should be amended to include harassment faced by patients and to clearly include public and private areas outside of the workplace under the law's ambit.
13. We demand the transgender and *khawajasira* community's right to equitable access to and experience of health services. The state should allocate more resources, i.e. sensitization training, to ensure that the misgendering and discrimination within the medical community are corrected.
14. We demand the state recognize air and water pollution as health and environmental emergencies, particularly endangering the health of the marginalised and vulnerable communities.
15. We assert that designing studies without the inclusion of sex as a variable will perpetuate the ongoing health crisis. We demand the establishment of a public national clinical trial registry in Pakistan, as mandated by section 20 of Bio Study Rules 2017, which meets the WHO's criteria of Primary registries.