

# W4GF POSITION NOTE ON THE 77TH WORLD HEALTH ASSEMBLY

*The Seventy-seventh World Health Assembly will be held in Geneva, Switzerland, from 27 May to 1 June 2024. This year's theme for the Health Assembly is: A World Mobilised for Health, Health for Everyone<sup>1</sup>*

Women4GlobalFund (W4GF) is a global network of advocates for gender equality that spans 72 countries, with 350 advocates of women and girls in all of our diversity, based mostly in the global south. W4GF is dedicated to making sure that projects from the Global Fund are gender-sensitive and transformative and address the needs and priorities of women and girls in all their diversity. We firmly believe in women's empowerment, with an emphasis on the youth, facilitating and advocating for our meaningful participation and engagement in decision-making processes, how we influence policies, and demand accountability, thus improving the health and well-being, specifically addressing the most urgent needs around HIV, TB, and Malaria, as these disproportionately affect us. W4GF as a global movement, envisions a world in which movements for gender equity have transformed the power and privilege of a few into equity and equality for all. These efforts are essential to achieving substantive equity and gender equality in all aspects of public health.

The General Assembly of the World Health Organization (WHO) brings together policymakers, health experts, civil society representatives, and other stakeholders, providing an opportunity to exchange knowledge and set strategic directions to improve global health. Thus, the 77 WHA is a space where issues of social justice and gender equality are brought to the forefront of public health. Through building a future where health and well-being are guaranteed to all, equity must be at the heart of global health policies. In line with this year's theme, "A World Mobilised for Health, Health for All" W4GF is strongly committed to leave no one behind, emphasising the specific needs of women and girls in their diversity<sup>2</sup>, and thus contributing to the realisation of this global commitment.

In the context of the discussions at the 77 WHA, it is crucial to consider certain elements:

To ensure equitable access to health care for women and girls as part of **universal health coverage (UHC)**, it is crucial to integrate sexual and reproductive health (SRH) services. This integration requires a thorough needs assessment through demographic and gender-disaggregated data and successful case studies, such as those from Rwanda and Kenya, demonstrating significant improvements in family planning and maternal care<sup>3</sup>. It is essential to make these services financially accessible through public investment and strengthening financial mechanisms to guarantee universal health insurance. In addition, training health professionals and organising awareness campaigns can ensure quality care and inform communities about the importance of SRH. The establishment of adequate infrastructure, such as health centres at all different levels of care, as well as assuring a regular supply of essential medicines, is also crucial.

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<sup>1</sup> <https://www.who.int/fr/about/accountability/governance/world-health-assembly/seventy-seventh>

<sup>2</sup> Women are not homogeneous: we include women living with HIV, affected by TB and malaria, heterosexual, lesbian and bisexual, transgender and non-binary, women who use drugs, sex workers (over 18 year olds), adolescent girls and young women, Indigenous women, women who are sometimes displaced, migrants and women who are or have been incarcerated, and women with visible and invisible disabilities.

<sup>3</sup> [https://www.unfpa.org/sites/default/files/resource-pdf/ASRH\\_good\\_practice\\_documentation\\_FRENCH\\_06-12-2013.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/ASRH_good_practice_documentation_FRENCH_06-12-2013.pdf)

**The relevance of UHC** plans can be strengthened by monitoring and evaluation mechanisms, such as the development of performance indicators and community feedback and evaluation mechanisms. The examples of good practices on Community-Led Monitoring initiated by W4GF in India<sup>4</sup>, Tanzania<sup>5</sup> and Cameroon<sup>6</sup> show how relevant it is to track HIV, TB, Malaria, and SRHR programmes and services to assess the effectiveness of them, and ensure that countries take the right steps to achieve gender equality and uphold human rights. By adopting these tangible and proven approaches, UHC plans can become more effective, ensuring that all women and girls in all their diversity, regardless of their geographic or socio-economic location, have access to comprehensive HIV, TB, Malaria, and sexual and reproductive healthcare services.

**For health emergencies**, it is crucial to integrate a gender-transformative focus into preparedness and response planning to address the specific needs of women and girls in all their diversity. In crisis contexts, women and girls are often the most vulnerable and may face increased risks of sexual violence, unintended pregnancies, and maternal health complications. All these exacerbate their risk of acquiring HIV, TB and malaria. Addressing HIV, TB, and malaria services during crises and emergencies is crucial for women and girls, as disruptions in these services can lead to increased mortality and morbidity; for instance, the Global Fund reported that in 2020, service disruptions due to COVID-19 led to a 23% decline in HIV testing and prevention services<sup>7</sup>. Therefore, comprehensive plans should address the increased vulnerability and provide comprehensive HIV, TB, and malaria services, as well as foster tailored SRH services. There is a need to implement and foster the establishment of mobile health centres and training of humanitarian workers on gender and reproductive health components.

In addition, the need to strengthen community health systems is paramount. For example, during the COVID-19 pandemic, women community health workers (CHW) and peer educators proved to play a crucial role in making services more accessible to the communities, for example, by providing HIV testing services and counselling. CHWs and peer educators are often respected members of the community, and they can raise awareness about key health components, for instance, the risks of HIV transmission and provide easy access to testing and counselling. This approach has reached vulnerable populations that might otherwise have been overlooked and have built trust in local health systems. By integrating such initiatives into emergency response plans, there is an opportunity to respond more holistically to the needs of women and girls during health crises, ensuring equitable access to healthcare services and reducing gender disparities in health.

In addition, it is essential to collect gender-specific data to inform health responses, understand the differentiated impacts of crises on women and girls, and adjust and implement gender-transformative actions accordingly. For instance, during the Ebola crisis in West Africa<sup>8</sup> pregnant women had limited access to antenatal and postnatal care, exacerbating maternal mortality rates, this is also seen in contexts where women face increased risks of acquiring malaria. Integrating a gender perspective, interventions can better target urgent SHRH needs and include specific measures such as safe havens for survivors of violence, hotlines, and community awareness programs on reproductive health rights and services. Adopting these approaches enables health emergency responses to become more inclusive and effective, ensuring that the specific needs of women and girls are fully considered and addressed.

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<sup>4</sup> India: <https://women4gf.org/accountability/india-pilot/>

<sup>5</sup> Tanzania: [https://drive.google.com/file/d/1uQzwzylrFa6VcxRPAis3HWg3NqwxQld\\_/view](https://drive.google.com/file/d/1uQzwzylrFa6VcxRPAis3HWg3NqwxQld_/view)

<sup>6</sup> Cameroon: <https://drive.google.com/file/d/12X5F4Cs2skgjb1Nrsa7pnfnP831uMTJ7/view>

<sup>7</sup> Read more: <https://www.who.int/publications/i/item/9789240094703>

<sup>8</sup> Read more:

<https://www.unfpa.org/fr/news/un-apres-la-fin-debola-les-sages-femmes-contribuent-la-reparation-du-systeme-de-sante-en#:~:text=La%20crise%20provoq u%C3%A9e%20par%20Ebola,sur%20le%20genre%20a%20augment%C3%A9.>

At the General Assembly sessions, a crucial aspect of the discussion is **strengthening WHO's effectiveness and supporting countries, focusing on financing**. This funding is essential to develop and implement programs to improve access to comprehensive and gender-transformative HIV, TB, and Malaria services, as well as SRH care. W4GF has been implementing the **#FundHerHealth** campaign and related initiatives<sup>9</sup>, which aim to ensure equitable access to health services for all women, regardless of their socio-economic status, by increasing and sustaining funding to women-led initiatives, movements, networks, civil society and women-led organisations. UNAIDS indicate that women who have experienced intimate partner violence are 1.5 times more likely to contract HIV compared to those untouched by such violence.<sup>10</sup> As such, W4GF aims to emphasise how structural Gender-Based Violence, stigma, and discrimination impact our fundamental right to health. We underscore the critical importance of women's meaningful participation in all of their diversity in Global Fund and other key decision-making spaces. Together, through resolute action and strategic investments, we aspire to create a future liberated from the shackles of violence against women, ensuring an unequivocal right to health for all.

In addition, it is important to highlight how these initiatives can benefit from the Global Fund Partnership structure and programs. In some countries,<sup>11</sup> Global Fund programs have been used to strengthen health systems, improving HIV prevention, testing and treatment services while integrating sexual and reproductive health services into these interventions. This holistic approach provides a comprehensive response to the health needs of women and girls, recognising the close links between sexual and reproductive health and other public health issues. Integrating these initiatives and partnerships into action plans will help to mobilise the resources needed to address existing gaps in health systems and ensure that SHRH services are available and accessible to all women and girls.

At the same time, robust policies to protect against sexual exploitation and abuse must be put in place to create a safe environment for women and girls working in the health field. WHO should strengthen and support countries to adopt strict measures - and Zero Tolerance Policies- to prevent, report and address cases of sexual exploitation and abuse by implementing clear protocols providing regular training on respect and professional ethics and establishing safe and confidential complaint mechanisms, as well as protecting SEA survivors and witnesses. These policies should also include severe penalties for violators to deter such behaviour and to maintain integrity and trust in health services. Combining specific funding for SHRH with effective protection policies will enable WHO across countries to create more resilient and equitable health systems, where the rights and safety of women and girls are fully respected.

Regarding the **TB End Strategy**, promoting the integration of directly observed treatment (DOT) strategies<sup>12</sup> and patient support programs remains paramount, highlighting their importance in improving treatment adherence and reducing transmission rates, particularly among women and girls. Collaborating with other civil society organisations and using the platform of the WHA should push and influence policymakers and contribute to concrete action to end TB. This collaboration and advocacy can ensure that the global TB strategy is well-funded, effectively implemented and sensitised to the specific needs of vulnerable populations.

<sup>9</sup> Read more: <https://women4gf.org/2023/11/27/16-days-of-activism-against-gender-based-violence-breaking-the-cycle/>

<sup>10</sup> Read more: [https://www.unaids.org/en/resources/presscentre/featurestories/2019/april/20190423\\_mena](https://www.unaids.org/en/resources/presscentre/featurestories/2019/april/20190423_mena)

<sup>11</sup> South Africa has one of the largest HIV epidemics globally. The Global Fund has been instrumental in supporting the country's efforts to enhance HIV testing and treatment services by integrating sexual and reproductive health services into these interventions. In Nigeria, the Global Fund has supported programs that integrate HIV services with sexual and reproductive health care. These initiatives aim to reduce the HIV burden while also addressing broader health needs, such as family planning and maternal health.

<sup>12</sup> [https://iris.who.int/bitstream/handle/10665/67891/WHO\\_CDS\\_TB\\_2002.297\\_fre.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/67891/WHO_CDS_TB_2002.297_fre.pdf?sequence=1)

At the WHA, the update on **the Draft Global Action Plan for Infection Control** represents a key opportunity to advocate for inclusive and gender-sensitive and transformative policies. The needs of women and girls must be explicitly integrated into this action plan. This includes promoting research on the specific impacts of women, especially pregnant women, and those living with HIV and affected by TB and malaria. W4GF emphasises on the importance of equitable access to timely diagnosis and accessible and safe treatments, for all women and girls, highlighting the specific barriers they face, such as socio-economic and cultural barriers. Regarding the points of the **Draft Global Action Plan for Infection Prevention and Control** that WHO should consider, W4GF recommends the following, considering essential to include a holistic and inclusive approach:

1. Ensure that infection prevention and control interventions are based on data disaggregated by sex, age, gender, and other relevant factors that cause inequalities to better understand and respond to the different needs of affected populations, women and girls. Develop specific indicators to monitor the progress of gender-transformative actions.
2. Promote community-based programs that engage women and girls as key stakeholders and leaders in health initiatives.
3. Integrate effective prevention strategies, such as vaccine preparedness and health promotion and education campaigns, while strengthening local health systems to respond quickly and effectively to outbreaks.
4. Adopt strong policies to protect against sexual exploitation and abuse in health programs, ensuring a safe environment for all health workers and service recipients.

W4GF's technical note on the themes to be discussed at the 77 WHA is crucial to ensure that the needs and human rights of women and girls in all their diversity are fully considered in global health policies and programs. By positioning itself as an influential voice, we can ensure that gender specificities are integrated. This includes acknowledging the barriers faced by women and girls, such as inequalities in access to healthcare, social discrimination, stigma, and increased risks of sexual violence and abuse in times of health crisis and emergencies.