

A Healthy Future: Fighting Antimicrobial Resistance and Protecting Women and Girls in all of their diversity from HIV, TB, Malaria

The Summit of the Future: An Urgent Call for Gender Equity

The 79th session of the United Nations General Assembly (UNGA79), happening in New York from 20 to 30 September 2024, holds meetings in which world leaders address critical global health challenges and discuss investment in global public health. The 2024 General Assembly is an opportunity for world leaders to reiterate their commitment to eliminate HIV, Tuberculosis and Malaria by 2030, in line with the Sustainable Development Goals (SDGs).

Women4GlobalFund (W4GF) is a global movement of 350 advocates from 72 countries, primarily based in the Global South, dedicated to promoting gender equality and equity. W4GF ensures that Global Fund projects are gender sensitive and transformative, and address the specific needs of women and girls in all their diversity¹. We are committed to empowering women and girls, especially from the youth, advocating for the meaningful participation in decision-making processes, influencing policies, and demanding accountability. Our focus is on improving health and well-being by addressing urgent needs related to HIV, TB, and malaria, which disproportionately affect women and girls.

This year, we call on women's and girls' health to take centre stage, especially in the fight against the HIV pandemic that continues to weigh heavily on their well-being, and the comprehensive urgent response to the Malaria and tuberculosis epidemics, that continue to be unattended. With this global platform, we call the United Nations, its agencies, the Global Fund, and the international community to advance women's and girls' health and human rights, highlighting the importance of an inclusive and gender-sensitive and transformative approach, which considers socio-economic, cultural realities and addresses structural gender inequalities and barriers.

These three diseases, which are central to W4GF's mission and advocacy work, represent major public health threats and disproportionately affect women and girls in all of their diversity, in low-and-middle income countries in all the Global South. HIV, for example, is the leading cause of death among women of reproductive age in Sub-Saharan Africa². Malaria and tuberculosis, on the other hand, exacerbate gender inequalities in health, due to limited access to comprehensive healthcare, stigma, and discrimination. TB remains one of the top 10 causes

¹ W4GF focuses attention on women and girls in all of our diversity and our intersections, addressing issues faced by women living and/or affected by HIV, TB, and Malaria including heterosexual, lesbian, bisexual, intersex, non-binary, transgender women, sex workers over 18 years old, and adolescents, girls, and young women. We address challenges of indigenous, displaced, migrant, and refugee women; and women with disabilities.

²https://www.who.int/fr/news-room/fact-sheets/detail/hiv-aids?gad_source=1&gclid=Cj0KCQjwiuC2BhDSARIsALOVfBLwS7qXR-IFYaz9BnTTBo6wD7N19_F-JQUismjGAzxIbslLlkvwYMoAajEUEALw_wc

of death worldwide. Malaria caused approximately 619,000 deaths in 2021, with the majority of fatalities occurring also in sub-Saharan Africa.

The Summit of the Future: Impact on Women and girls in their diversity, Action 8 of the Pact of the Future.

The Summit of the Future, was scheduled for the 2024 United Nations General Assembly as a watershed moment for global governance in the context of complex and interconnected crises³. World leaders adopted a Pact for the Future that includes a Global Digital Compact and a Declaration on Future Generations. The Pact covers a broad range of themes including peace and security, sustainable development, climate change, digital cooperation, human rights, gender, youth and future generations, and the transformation of global governance.

W4GF highlights the outcome of the commitment, reinforcing the key aspect of considering gender equality and the empowerment of all women and girls as an essential prerequisite for sustainable development. W4GF would continue to hold stakeholders accountable on the commitments and actions accepted on **Action 8 of the Pact of the Future**,⁴ ensuring that our shared ambitions for the future, addressing these challenges with urgency, are prioritised, sustained and fully financed.

We **deeply regret to see in the Pact of the Future no explicit mention of HIV, Malaria, and TB and other relevant epidemics**, even if considering that these diseases continue to cause considerable suffering, high mortality and morbidity rates, especially among women and girls. All this, due to their limited access to comprehensive healthcare services, the rising discrimination and stigma, structural inequalities and other socio-economic vulnerabilities and risks.

We request the United Nations community to note that:

- 1. HIV** remains a global crisis, particularly for women in sub-Saharan Africa, where they account for nearly 60% of new cases. The implementation of the Pact of the Future needs to discuss approaches to strengthen access to comprehensive and gender-transformative prevention and treatment services, and break down cultural barriers and harmful gender norms that prevent women and girls from seeking care. World leaders must ensure better integration of women's and girls' health services and ensure that health systems are better prepared to respond to this and future crises.
- 2. Malaria** continues to severely affect pregnant women, increasing the risk of maternal and child mortality. We request the implementation of the Pact of the Future, to explore how technological innovations and new surveillance methods can be deployed in rural areas to improve access to antimalarial treatments. In particular, the importance of strengthening programmes for the distribution of impregnated mosquito nets, including culturally sensitive factors and community outreach efforts; implementing control strategies to increase their coverage, acceptability and use; understanding the multiple

³ <https://www.un.org/fr/summit-of-the-future>

⁴ https://malaysia.un.org/sites/default/files/2024-09/sotf-pact_for_the_future_adopted.pdf

determinants that must be addressed to meet elimination goals and to improve the efficiency and equity in the use of resources for malaria programs. Also, duplicate efforts around intermittent preventive treatment during pregnancy (IPTp).

- 3. TB** remains a serious threat to women, especially those living in contexts of poverty, forced migration and secluded settings. We demand that the implementation of the Pact of the Future includes actions to foster holistic and multisectoral approaches to address this disease integrating solutions to improve early diagnosis and access to treatment, advocating for patent suspensions, robust research and development funding, and price controls to ensure equitable access to TB healthcare and commodities.

We commend the inclusion of the commitment to “Protect the right to the enjoyment of the highest attainable standard of physical and mental health, through universal health coverage and strengthened and resilient health systems, as well as equitable access to safe, affordable, effective and quality medicines, vaccines, therapeutics and other health products, to ensure healthy lives and promote well-being for present and future generations”. However, we deeply regret not observing the prioritisation of the fundamental right to health for all (Chapeau para 4,14; Actions 2 para 21a; Action 7 para 26a, 26b; Action 48 para 76). The right to health stands at the intersection of human dignity and global progress. It is not just a health goal—it is the foundation upon which the success of all other global ambitions rests, including the SDGs. To this end, the Pact must reinforce the right to health as a cross-cutting, intersectional human right throughout the outcome document⁵. W4GF highly commits to the open letter on behalf of the Health ImPACT Coalition on the occasion of the Summit of the Future, and requests the revision of its key messages during the implementation of the global commitments in the Pact of the Future.

The 2024 United Nations General Assembly and the Summit of the Future represent exceptional opportunities to turn commitments into concrete actions. By rigorously following up on the decisions and commitments taken at these meetings, the international community will be able to move towards the elimination of these diseases by 2030 while placing the needs of women and girls at the centre of global health policies. The success of these efforts depends on the political will of governments and international organisations to work together to ensure that innovations and financing benefit those who need them most.

The second High-Level Meeting on Antimicrobial Resistance (AMR)

Antimicrobial resistance (AMR) has become one of the most serious threats to global health, economic development and food security. This will be the second time that AMR has been discussed at this level, and this meeting will provide an opportunity for world leaders to focus on concrete actions to curb the spread of drug resistance⁶. AMR occurs when microbes (bacteria, viruses, fungi, and parasites) become resistant to drugs that were once effective at treating them. This resistance severely compromises the ability to treat common infections

⁵<https://covid19advocacy.org/wp-content/uploads/2024/09/Health-ImPACT-Coalition-Statement-September-2024.pdf>

⁶<https://unfoundation.org/what-we-do/issues/global-health/global-health-resource-center-2/will-unga79-bring-fresh-energy-to-the-amr-emergency/>

such as tuberculosis, malaria and HIV-associated infections. It is estimated that 10 million people could die each year from AMR by 2050 if action is not taken quickly and equitably.⁷

AMR across HIV, TB, and malaria threatens the efficacy of available treatment and jeopardises our progress and the lives of millions. Prevention and reducing the incidence of the three diseases, especially TB, will reduce the use of antibiotics, and hence the increase t of AMR⁸.

W4GF highlights the [GFAN's comprehensive technical briefing](#) to be considered at the HLM on AMR and suggest the following key recommendations to be included in order to efficiently and effectively address the challenges of AMR with a gender-sensitive and transformative approach, reinforcing on the **key principle that preventing HIV, TB, and malaria and further transmission is the best way to stop the spread of AMR.**

1. W4GF calls for Member States to implement gender-responsive and transformative budgeting across all health financing mechanisms. This involves ensuring that at least 30% of the total health budget is specifically allocated to addressing the needs of women, adolescents and girls in all of their diversity, especially the ones living with and/or affected by HIV, TB, malaria, and AMR, are taken into consideration. This funding should be earmarked for gender-transformative programs that prioritise prevention, treatment, and care, as well as, women-led financed initiatives and capacity-building for community health workers.
2. W4GF calls on the Global Fund Partnership, United Nations Agencies and other International Organisations to expand and fund Community-led monitoring (CLM) initiatives that focus on collecting sex-disaggregated data and qualitative insights from women, including those from key populations such as sex workers, transgender women, and women living with HIV, in order to better understand the interrelations of HIV, TB, Malaria programmes with AMR challenges. This to better inform policy adjustments and ensure that programmes and services are gender-sensitive and transformative.
3. W4GF urges Member States and international organisations to invest in strengthening health systems with a gender lens, including the training of healthcare providers on gender-sensitive care, especially in regions where women and girls in their diversity face the greatest HIV, TB, and malaria burdens. This involves creating gender-sensitive and transformative healthcare protocols and investing in telemedicine solutions to overcome barriers and AMR challenges, faced by women in remote areas.
4. W4GF urges The Global Fund to create dedicated programs and funding streams to support women-led advocacy at national, regional, and global levels related to the intersections of AMR and the three diseases. Women and girls in all of their diversity requires sustained processes and capacity-building in order to lead and participate in decision-making processes, attend global health summits, and influence policies related to HIV, TB, malaria and AMR. This

⁷ [World Health Organization \(WHO\)](#)

⁸ <https://globalfundadvocatesnetwork.org/wp-content/uploads/2024/05/Antimicrobial-Resistance-HIV-TB-and-Malaria-A-technical-and-advocacy-briefing.pdf>

should include mentorship and training programs to build the next generation of women and girls health leaders.

5. W4GF calls on Member States to promote and formalise the recognition of the critical roles women in all of their diversity play in community-based responses to HIV, TB, malaria, and AMR. W4GF recommends that Member States and global health institutions adopt policies that integrate women's voices in policy design and implementation, and formally acknowledge their contributions through funding for community and women-led initiatives, and inclusion in high-level policy dialogues, ensuring their meaningful participation.

6. W4GF advocates for equitable access to innovative health technologies, including diagnostics, treatments, and vaccines, particularly those targeting resistant strains of HIV, TB, and malaria. W4GF calls for Member States to negotiate equitable pricing agreements and remove barriers to access, such as intellectual property restrictions, to ensure that these technologies are affordable and available to all women and girls in their diversity.

7. W4GF calls on the academic sector, along with the support from the Global Fund, WHO, and UNAIDS, for the establishment of research priorities that focus on the gender dimensions of HIV, TB, malaria, and AMR. W4GF recommends that global health research agendas include specific calls for proposals that explore the impact of AMR on these diseases on women and girls in all their diversity, with a commitment to translating research findings into policy and practise, with a person-centred approach and following the principles for meaningful involvement of patients and the public in health participatory research (PPIE).

8. W4GF requests Member States to establish at the Declaration of the HLM on AMR, clear and precise accountability frameworks that mandate the integration, monitoring, and evaluation of gender-transformative approaches into all stages of AMR policies development and programmes implementation. W4GF recommends creating a Gender Accountability AMR Task Force, able to oversee the adherence of Member States and international organisations to gender-responsive and transformative policies, with regular reporting mechanisms and benchmarks for progress.

CONCLUSION

The 2024 United Nations General Assembly embodies a critical opportunity to advance global solutions to health crises that disproportionately affect women and girls in all of their diversity. The fight against HIV, tuberculosis and malaria is already complex, but is made even more difficult by antimicrobial resistance (AMR). These challenges, which directly impact the lives of millions of women in all their diversity, particularly those living in poverty or precarious conditions, require global and specific responses with a gender lens.

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