

## W4GF Speech World Health Assembly

Distinguished authorities, colleagues, and partners

It is an honour to join this discussion today on behalf of civil society.

I speak from the experience of Women4GlobalFund, a network of Women and girls advocates from 82 countries from the global south. We work with the aim of achieving gender equality and equity through gender transformative HIV TB and malaria responses

As we navigate integration, we recognise this is not only necessary but it is an opportunity to build smarter, stronger, and more sustainable health systems. Especially when we talk about conflict and emergencies.

But integration will only succeed if it remains person-centred with a gender transformative human rights and community led approach - to ensure quality.

Because person-centred care is not simply a human rights principle.

It is also a smart investment.

The HIV response has already shown the world what effective, resilient health systems look like: when they are community-led, decentralized, gender-transformative and built around trust.

We have also seen examples of the power and efficiency of community-led HIV responses in conflict settings, humanitarian crises, and emergencies. Women community health workers, peer educators, and women-led organizations have supported the continuity of care for people living with HIV.

During periods of displacement, insecurity, and disrupted health infrastructure, community networks helped deliver antiretroviral medicines, maintain adherence support, conduct outreach to women and adolescent girls, and connect survivors of violence with integrated HIV and protection services. Especially, reaching women with disabilities, AGYW, women who use drugs, women sex workers and gender diversities. This was also clearly documented during the COVID/19 pandemic and in the Global Fund implemented programmes.

These experiences demonstrate that investing in community-led and women-led HIV responses is not only effective during stable periods — it is one of the most resilient and cost-effective investments countries can make to sustain health services during emergencies and protect long-term health system stability.

These lessons should not be lost during integration. Rather actively included and funded.

We know that investing in HIV programmes for women and girls generates major returns for countries and economies.

UNAIDS show that every 1 dollar invested in HIV responses can generate up to 6 dollars in broader economic returns through improved productivity, reduced healthcare costs, healthier families, and stronger workforce participation.

This is especially important when we invest in women and girls.

Because women are not only beneficiaries we are the backbone of health systems. Globally, women represent around 67 % of the health and care workforce.

They are nurses, peer educators, caregivers, community health workers, and frontline leaders sustaining health systems every day, and most needed in times of conflict and emergencies.

Yet far too often, their work remains underfunded, informal, or invisible. Only 25% of women occupy leadership positions in health.

Also, we have seen clear evidence across countries where HIV services were integrated with:

- sexual and reproductive health,
- maternal healthcare,
- TB and malaria services
- mental health support,
- and gender-based violence responses.

These integrated and person-centred models improved:

- treatment adherence,
- retention in care,
- prevention outcomes,
- and early diagnosis

All this has also been possible because investments in community structures were there, making care more accessible, stigma-free, community-led, and designed around people's realities. This is also how Country ownership must reflect the meaningful participation of communities and CSOs.

True country ownership means governments, civil society, women-led organizations, academia, and communities co-designing solutions together.

And evidence consistently shows that programmes designed with communities achieve better outcomes. This is particularly important as we roll out Lenacapavir, as it is a groundbreaking opportunity for HIV prevention, but its impact will only be fully realized if introduction and access are embedded in community-led, context-responsive approaches that ensure trust, equity, and real agency of choice.

And this is why integration matters so much today.

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Global Coordinator: Ángela León Cáceres / Email address: [angela@women4gf.org](mailto:angela@women4gf.org)

Inquiries: [info@women4gf.org](mailto:info@women4gf.org) / To subscribe to our newsletter and updates:

[communications@women4gf.org](mailto:communications@women4gf.org)

If done correctly, integration can help countries:

- strengthen universal health coverage,
- include health in all policies
- improve efficiency and prove return of the investment
- reduce fragmentation
- achieve SDGs

But integration should never mean losing the elements that made HIV programmes successful:

- Person centred care and differentiation
- trusted peer support,
- community leadership,
- gender-transformative and human rights approaches.

One of the biggest lessons learned is simple:

When women and communities meaningfully participate in decision-making, health systems become stronger. When peer educators are financed and recognized, continuity of care improves. When communities monitor services through CLM, accountability increases.

And when women-led organizations receive direct investment, countries build more resilient and sustainable systems.

So today, we have a real opportunity:

not only to sustain HIV gains,

but to use the lessons of the HIV response to transform health systems more broadly with person centred care.

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Global Coordinator: Ángela León Cáceres / Email address: [angela@women4gf.org](mailto:angela@women4gf.org)

Inquiries: [info@women4gf.org](mailto:info@women4gf.org) / To subscribe to our newsletter and updates:

[communications@women4gf.org](mailto:communications@women4gf.org)