5 Approaches to Improve the
WHO Global Health Sector Strategies for HIV, Viral Hepatitis and STIs
through a Gender Equity Lens

'WHO commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities."[1] WHO 13th General Programme of Work

The Situation Facing Women and Girls Globally

The COVID-19 Pandemic has laid bare for all to see the ways in which systemic inequalities such as gender inequality result in dangerous health disparities, particularly for women and girls. Gender inequality is well documented as a driver of the HIV epidemic and, more broadly, as a significant obstacle to women's ability to realize their right to health and their sexual and reproductive health and rights. Gender inequality increases both vulnerability to HIV and intensifies the impacts of HIV on the lives of women, especially for women from key populations.

In sub-Saharan Africa, gender inequality has resulted in six out of seven adolescents aged 15–19 years newly acquiring HIV being *girls*. This figure accounts for 25% of all new HIV acquisitions, despite girls of this age range representing just 10% of the population. Indeed, AIDS-related illnesses remain the leading cause of death among women aged 15–49 years in this region[2].

Overarching comments

This sober reality tells us that responses to date have failed. It should be a call to action for bold and intersectional measures to confront gender inequality, and yet the draft WHO strategy on HIV, hepatitis and STIs is virtually silent on the gender aspects of these epidemics. This draft WHO Strategy presents a critical opportunity to course-correct WHO's Department of Global HIV, Hepatitis and STI Programmes' track record of neglecting to address gender inequalities. It also offers the Department the key and timely opportunity to align itself with UNAIDS' new Strategy[3], and with the Global Fund's new commitment to gender equality and human rights[4], as well as to operationalise the commitments made in the WHO 13th General Programme of Work (GPW) (2019-2023), namely: to 'promote gender equality and to mainstream gender in all of the Organization's work'; 'support country-level action to strengthen health sector response to gender-based violence as well as to address gender equality in health workforce development and gender-related barriers to health services'; and 'implement programmes, services and

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[1] The Thirteenth General Programme of Work, 2019–2023, approved by the Seventy-first World Health Assembly in resolution WHA71.1 on 25 May 2018.
https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf

[2] Global Commitments, Local Action: After 40 years of AIDS, charting a course to end the pandemic; UNAIDS, 2021
https://www.unaids.org/sites/default/files/media_asset/global-commitments-local-action_en.pdf

[3] Global AIDS Strategy 2021–2026 End Inequalities. End Aids, Unaids 2021
https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

[4] Global Fund board approves its strategy framework 2023-2028, Women4GF, 2021
https://women4gf.org/2021/07/26/global-fund-board-approves-its-strategy-framework-2023-2028/

policies that promote gender equality in order to achieve health equity and Universal Health Coverage'[5].

The current proposed Strategy must have a rights-based approach to health, which is the only way to secure women's sexual and reproductive health, in order to create enabling environments for all people to achieve their right to the highest possible standard of health.

360º Accountability

As feminists, activists and women, we call on the WHO Department of Global HIV, Hepatitis and STI Programmes to ensure accountability at all levels, specially in the following ways:

- Incorporate a strong accountability framework into the Strategy to respond to the significant, persistent, and harmful gender disparities in the health sphere;
- Uphold and protect women's rights and priorities: Ensure that WHO's strategic responses to HIV, hepatitis B and STIs meet the rights and priorities of *all* women and girls, including women living with HIV in all their diversity[6]; and,
- Support governments more effectively: Recommend that governments across all their ministries understand, confront and address the chronic, persistent grave consequences of gendered inequities on the health, well-being and SRHR of women and girls in all their diversity; and that they monitor and report on both the current status quo and advances made to alleviate these.
- Commit to work in close partnership with other UN agencies to align UN-wide approaches to advancing gender equity in the context of HIV and its many related issues[7].

Our Recommendations

We recommend that the WHO Department of Global HIV, Hepatitis and STI Programmes should revise the Strategy with the five following considerations at the center:

1. Embed and Address Intersectionality and Gender Equality in the Strategy, in line with the GPW:

The strategy should be ***revised*** through an intersectional gender framework in line with WHO's Special Programme for Research and Training in Tropical Diseases (TDR) guidance,[8] to ensure that the interventions recommended respond to the priorities of marginalized women,

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[5] Gender and Health, WHO, 2021
https://www.who.int/news-room/q-a-detail/gender-and-health

[6] We co-signatories are women who are engaged at global, regional and national levels in various processes and structures in key regions most affected by HIV, TB and malaria. By 'in all their diversity', we mean women who are not homogenous, who are women living HIV or not, and may also be affected by TB and malaria; heterosexual; lesbian & bisexual; transgender; intersex and non-binary; women who use drugs; sex workers over 18 years old; adolescent girls & young women; Indigenous women; women who are sometimes displaced; migrant women; Indigenous people; and women with visible & invisible disabilities.

[7] Institutional gender mainstreaming in health in UN Agencies: Promising strategies and ongoing challenges, Ravindran et al 2021 10.1080/17441692.2021.1941183

[8] Incorporating intersectional gender analysis into research on infectious diseases of poverty: a toolkit for health researchers, WHO, 2020
https://www.who.int/tdr/publications/year/2020/tdr-intersectional-gender-toolkit/en/

particularly those experiencing multiple layers of oppression, such as women from key populations. Health interventions for women and girls, whether living with HIV or not, that are grounded in principles of gender equality and human rights, can have a positive impact on their quality of life; it is also a step towards long-term improved health status and equity and is in line with the recommendations of WHO's 2017 Guideline on SRHR of women living with HIV.

We recommend that the whole Strategy ***adopts*** a *person-centered* approach[9] to women in all their diversity, in line with the recent UNAIDS strategy; and throughout the lifespan. Person-centred approaches should be ***integrated*** throughout the document, to make *all* people, whether living with HIV or not, visible and to highlight the complex intersectional factors that increase the vulnerability of women, adolescent girls and key populations in acquiring HIV and coping with its consequences. It is also critical that the Strategy ***seeks to address*** the underlying structural inequalities that contribute to the vulnerability of girls, adolescents and women; and *commits* to multisectoral, rights-based, gender-transformative policies and programs that reflect and respond to the holistic and multidimensional nature of girls' lives[10].

2. Focus on Human Rights:
Under the GPW[11], '*WHO commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities.'*

The lack of a human rights framework in the strategy outline is noticeable and leaves no room for interventions that go beyond biomedical approaches. The WHO proposed strategy must be reformulated by recognizing the ***socioeconomic and legal dimensions*** of human rights, sexual rights and reproductive rights as facilitators of all the goals outlined in the strategy, in line with the GPW. We recommend much stronger language on protecting rights, dignity, privacy, informed consent, respectful care for those who use maternity and vertical transmission services[12], as well as VAW integration. The current proposed strategy does not reflect WHO's long standing and historic commitments to a human rights-based approach to health.

3. **Realize WHO's Global Commitments to Violence Against Women and Girls (VAWG):**
As part of this focus on human rights, and in addition to the commitments outlined above, we draw your particular attention to WHO's recent Generation Equality pledges to VAWG, SRHR,

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[9] See also https://cep.health/media/uploaded/CEP_HIVTool_Clinician_Nov24.pdf
[10] Suzanne Petroni, Ph.D., M.S.F.S, Rachel Yates, Ph.D. & Manahil Siddiqi, M.P.H. (2019) Understanding the Relationships Between HIV and Child Marriage: Conclusions From an Expert Consultation, Society for Adolescent Health and Medicine. Published by Elsevier Inc.
[11] https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf
[12] Respectful Maternity Care Charter https://www.whiteribbonalliance.org/respectful-maternity-care-charter/; The prevention and elimination of disrespect and abuse during facility-based childbirth (WHO 2015),https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf?sequence=1; Consolidated Guideline on SRHR of women living with HIV (WHO 2017), http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf?sequence=1

women's empowerment and health[13]. These include implementation and monitoring of the 2016 Global Plan of Action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. The plan shows that interpersonal violence in all its forms has a detrimental impact on health and must be managed by the health system and that, there are therefore strong reasons to prioritize work to reduce and mitigate violence against women and girls, as well as violence against children. It recommends integration of work to end VAWG into HIV and SRHR policies and programmes and recognises HIV as a possible outcome of VAWG[14]. Yet this does not seem to be reflected in this Strategy, which raises the question of how that integration can happen.

4. Focus on Integration & Linkages:

The GPW states that 'Special emphasis will be placed on addressing SDG targets 3.7 (on universal access to sexual and reproductive health care services) and 5.6 (on universal access to sexual and reproductive health and reproductive rights) in relation to gender equality and women's economic empowerment. WHO will work to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.'

The relevance and urgency of establishing connections between HIV and sexual and reproductive health and rights programs is highlighted by disparities in access to basic sexual and reproductive health care. It is also vital that the connections are made in this strategy between HIV and violence against women and girls, recognizing the four pathways linking HIV and VAWG (WHO, 16 ideas), and bringing together the WHO Generation Equality commitment and the HIV/Hep/STI strategy.

In 2020, 53% of all people living with HIV were women and girls[15]. Even so, the demand for modern contraception is unfulfilled for 200 million women[16]. This is just an example that shows that there are still significant gaps in access to basic sexual and reproductive health services in many countries, with one major consequence being the inability to achieve Universal Health Coverage (UHC) by 2030. History has shown us that women have been repeatedly undermined and failed by public health approaches to date, especially in the context of pandemics. By contrast, it is worth noting that the 2017 WHO Guideline on the SRHR of women living with HIV highlights the importance of respecting women's rights to informed choice regarding if, when

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[13] WHO pledges extensive commitments towards women's empowerment and health, WHO, 2021 https://www.who.int/news/item/05-07-2021-who-pledges-extensive-commitments-towards-women-s-empowerment-and-health

[14] VAWG at home and in healthcare settings, and related mental health issues are also a consequence of HIV diagnosis for many women (Orza et al 2015a and 2015b JIAS).

[15] Fact Sheet 2021, UNAIDS. https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

[16] Manjulaa Narasimhan, Yogan Pillay, Patricia J García, Pascale Allotey, Robin Gorna, Alice Welbourn et al. (2018) Investing in sexual and reproductive health and rights of women and girls to reach HIV and UHC goals. DOI:https://doi.org/10.1016/S2214-109X(18)30316-4

and how to use ART and contraception, as well as the importance of establishing safe spaces in clinics and at home.

In consequence, WHO Department of Global HIV, Hepatitis and STI Programmes (and indeed all of WHO) needs to develop a strategy which will address these disparities, which are exacerbated by reduced funding for networks of women working to reduce VAWG. We entreat the Department to seize the opportunity afforded by the development of this new Strategy to take the lead in emphasizing to UN agencies and governments worldwide the importance and urgency of bolstering and integrating political will around these chronic issues. Placing comprehensive, woman-centered, rights-based, gender-equitable HIV programs at the center of the new Strategy and all new guidelines[17] will send a strong message to all concerned about this. It would offer the opportunity both to strengthen linkages between programs, and promote a gendered approach to integration and intersectionality in relation to supporting the lifelong quality of life of people with HIV in all their diversity.

5. Language

The WHO 2017 Guideline on SRHR of Women living with HIV stated:

"Acknowledge the importance of language: Positive, inclusive language creates new opportunities for advancement and collaboration, instead of exclusively focusing on ending existing problems. For example, discussing "promoting health" instead of "ending disease" can create opportunities to think about the next steps in health promotion, in addition to responding to concerns of ill health. SRHR programmes should use language that puts people ahead of disease, such as saying "people living with HIV" instead of "HIV-infected people" or "HIV-positive people". HIV or AIDS should be used instead of HIV/AIDS, thereby disassociating the virus and the clinical syndrome. "Acquire" is a more neutral term than "infected" when referring to the transmission of HIV. Comprehensive prevention of "vertical transmission" can be used instead of saying "mother-to-child transmission" (or MTCT), to reduce possible blame that women living with HIV may experience. This is central to creating an environment that promotes SRHR." (page 19-20)

As recommended before by many groups of women living with HIV, we again recommend that the WHO Dept of Global HIV, Hepatitis and STI Programmes follows this guideline recommendation throughout its new Strategy.

[17] Florence Anam, Cecilia Chung, Sophie Dilmitis, Calorine Kenkem, Rebecca Matheson-Omondi, Svitlana Moroz et al (2018) Time to realise our sexual and reproductive health and rights; Lancet, https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30352-8/fulltext

Additional comment: A note on process

We also note that the consultation process for this strategy has not met the commitments of the GPW. Our organizations have aligned and prepared this statement despite the limited process of consultation which has not easily enabled many organizations - particularly networks representing women and women living with HIV, and especially women who are young and from key affected networks, to take part in the Strategy consultation process.

In addition, we would urge WHO to ensure future consultations and surveys be better designed, by, and more specifically oriented to, community members, so that we can more effectively provide our input into the development of such an important global strategy.

CO-SIGNATORIES

NAME (IF PERSONAL SIGN-ON ONLY) OR YOUR ORGANISATION	COUNTRY/REGION/ GLOBAL
ICW Global	Global
Salamander Trust	UK/ Global
Making Waves Network	Global
The POWER Group	Global
Advocacy for Quality Health Uganda (AQH-Uganda)	Uganda
Positively UK	UK
Positive Women's Network	India
ICW Latina	Latin America
4M Mentor Mothers Network CIC	UK
Priscilla Simon Ingbian, Community Health Support and Empowerment Initiative COHSEI	Nigeria
ICW Eastern Africa	Regional
Jacquelyne Ssozi Foundation	Uganda
Positive Young Women Voices	Kenya
Sophia Forum	UK
ICW Central Africa	Regional

WHO Advisory Group of Women living with HIV	Global
ITPC- MENA	MENA
Seres (con) viver com o VIH	Portugal
Eurasian Women’s Network on AIDS	EECA
Women's Network of Key Communities of Kyrgyzstan	Kyrgyzstan
Pan African Positive Women's Coalition	Zimbabwe
ICW Asia Pacific	AP
National Federation of women living with HIV AIDS	Nepal
Srijansil Mahila Samuha	Nepal
Positive Women	Ukraine
Jamaica Community of Positive Women	Jamaica
ICW North America	Regional