

DON'T GO IT ALONE: America's Interest in International Cooperation

A New Agenda for Girls' and Women's Health and Rights



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Executive Summary: A New Agenda for Girls' & Women's Health & Rights

In 2000, the United Nations (UN) agreed on targets to guide and focus international cooperation on behalf of enhanced quality of life and social justice in the coming decades. The resulting Millennium Development Goals (MDGs) constitute an action plan to halve poverty by 2015, in service of a more stable, secure, and prosperous world.

The MDGs were agreed to by President Bill Clinton in 2000 and reaffirmed by President George W. Bush in 2005. The MDGs implicitly and explicitly recognize that peace, security, and prosperity cannot be achieved unless women's health is secure and their inalienable human rights are fulfilled.

For years, the United States helped lead the struggle for women's health and rights, motivated by a commitment to a free, prosperous, and just world. To these moral and economic interests, today we add our interest in national security and peace.

Unfortunately, international progress on women's health and rights has stalled in recent years. Implementation of two of the great global agreements of the 20th century—the groundbreaking action plans agreed at the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women (FWCW)—has been hampered by politics and ideology. The consequences are deadly:

- The global HIV/AIDS epidemic is disproportionately affecting women. In sub-Saharan Africa almost 61% of adults living with HIV are women and 76% of young people living with HIV/AIDS there are female.
- Each year, over a half a million women die as a result of pregnancy or childbirth, a reality that has changed very little over the last decade.
- Young girls continue to be exploited and dominated, whether in trafficking schemes or all-too-prevalent child marriage.
- One in every three women in the world is subjected to violence in her lifetime just because she is a woman.
- Essential legal rights—to own property, to inherit, to participate in politics—remain beyond the reach of hundreds of millions of women.

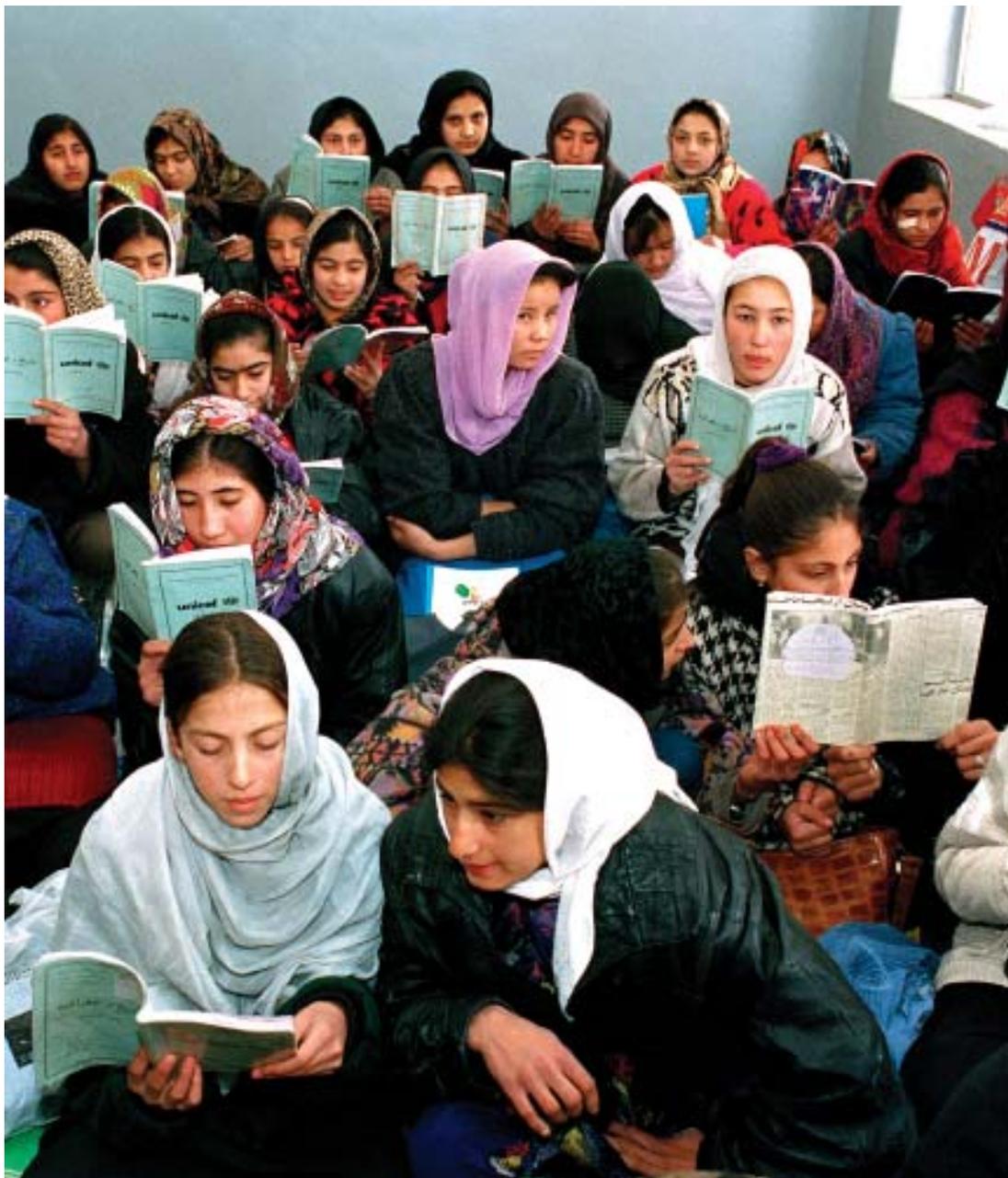
The new American President will have a fresh opportunity and profound responsibility to re-energize U.S. leadership on women's health and human rights.

Beginning on day one, the President should articulate a new agenda for international cooperation on women's health and rights that will:

- **Protect the Human Rights of Women** by submitting to the Senate for ratification internationally agreed human rights instruments, including the Convention on the Elimination of Discrimination against Women and the Convention on the Rights of the Child.
- **Strengthen Health Systems** by prioritizing reproductive health services (including: care during pregnancy, childbirth, and after; access to contraceptives; and diagnosis and treatment of sexually transmitted infections, including HIV/AIDS). The new Administration should make reproductive health the leading edge of new global health initiatives such as the International Health Partnership and Deliver Now for Women and Children.
- **Invest in Reproductive Health** by overturning unjustified (and counter-productive) restrictions on U.S. foreign assistance, including abstinence-only earmarks and the “global gag rule” on reproductive health service providers; releasing funds for the United Nations Population Fund (UNFPA); and increasing U.S. funding for reproductive health services to more than \$1 billion, as agreed at the ICPD.
- **Prioritize Prevention and Women in International HIV/AIDS Efforts** by elevating prevention, especially reproductive health services as a primary strategy; supporting comprehensive sexuality education; and implementing gender equality guidelines and commitments made by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and by the UN Joint Program on HIV/AIDS (UNAIDS).

The world's women and girls—along with their families, communities, and nations—are counting on the United States to provide leadership again on universal protection of human rights, achievement of gender equality, and shared prosperity, peace, and equal opportunity. By implementing a clear and concrete agenda for women's and young people's health and human rights, the next Administration can foster a broad global coalition for a more secure, healthy, and prosperous world.

“Protecting the right to reproductive health for women and young people is important for its own sake and essential for a safer and more just world.”



Women's Right to Health is Essential for a Safer & More Just World

In 2000, just before the beginning of U.S. President George W. Bush's tenure, the world's governments agreed on eight Millennium Development Goals¹ to inspire action and monitor progress on eliminating global poverty by 2015. If we pursue these goals with a commitment to human rights for all and to gender equality, all children, especially girls, will complete at least primary school. Tens of millions of women will be spared death or crippling injuries as a result of pregnancy and childbirth and their children will survive and thrive. The number of HIV infections each year will be dramatically reduced.

Protecting the right to reproductive health for women and young people is important for its own sake and essential for a safer and more just world. However, if we do not secure women's rights and health, the world will fall far short of the MDGs. When societies violate or deny women's health and human rights, they undermine the very fabric of society—families, communities, and most other social institutions, including democracy itself. Empowered, healthy women tend to protect the environment and natural resources, work for good governance at the local level, and demand better schools. Healthy, educated mothers ensure that their children are healthy and educated.

Yet in the seven years since the MDGs were agreed, sexual and reproductive health and rights have faced—and faced down—significant assaults by a U.S. administration that has prioritized demands from narrow constituencies over the human rights of the world's women and young people. For example, in one of his first acts, President Bush sacrificed the right of free speech and the right to health by imposing the “global gag rule.” Under this policy, in order to receive U.S. family planning assistance, international non-governmental organizations must renounce their right to use their own, non-U.S. funds for legal abortion services, counseling, referrals, research, speech, and advocacy.

While President Bush's Emergency Plan for AIDS Relief (PEPFAR) has contributed essential funding for the global fight against HIV/AIDS, its ideologically motivated restrictions on a range of prevention programs have compromised PEPFAR's effectiveness, especially for women and young people. Meanwhile, the Administration's budgets for maternal and child health and family planning have been flatlined. All these have been imposed even as we continue to face challenges.

The number of maternal deaths each year is 536,000² and has not changed since 1993 because we have not cared enough to make the simple low-cost investments in reproductive health services that women need. Every minute of every day a woman dies unnecessarily in a developing country—and at least 20 million more suffer severe harm each year³—from entirely preventable causes. Disparities in access to care during pregnancy and childbirth remain vast—1 in every 16 women will die in childbirth in sub-Saharan Africa,⁴ compared with 1 in 2500 here in the United States.

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Globally, just under half of all adults living with HIV are now female, up from 35% in 1985, because HIV/AIDS policies have largely ignored women and girls. In most regions, women and girls make up an increasing proportion of the population living with HIV, and rates of female infection continue to rise—including in Eastern Europe, Asia, and Latin America. In sub-Saharan Africa, women and girls account for about 61% of adults living with HIV/AIDS, and 76% of young people ages 15 to 24 living with HIV/AIDS. Recent surveys reveal that in South Africa, Zambia, and Zimbabwe, young women (aged 15-24) are five to six times more likely to be infected than young men of the same age.

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About one-third of the world’s population is very young: 1.2 billion are ages 15 to 19, and 1.2 billion are under 14. They are the largest generations ever. These young people are typically denied basic tools and information they need to lead healthy and productive lives—including information about their human rights, health, and sexuality. Many young people have been and are vulnerable to unwanted or coerced sex, unwanted pregnancy, unsafe abortion, and sexually transmitted infections (STIs). Evidence shows that they are extremely vulnerable to HIV infection—2,320 young people,⁶ the majority girls, are newly infected every day. Unless we make major new investments in children, both the demographic momentum of early and high fertility in some countries and the overwhelming force of the HIV/AIDS pandemic will surely continue into future generations. Young people must have reproductive and sexual health services and education. Boys and girls need to grow up with hope for a future of employment, health, and protection of their human rights.

We are at a crossroads. The next president has a unique opportunity and profound responsibility to reverse harmful policies, and to initiate action for women’s health and human rights, based on an internationally agreed agenda that brings disparate constituencies together. This agenda—developed and affirmed at a series of UN conferences—is founded on the premises that ending poverty requires fulfillment of human rights, that national and global security are possible only when people are reasonably assured of meeting their human needs (“human security”), and that women’s rights are human rights. This also is the vision of the worldwide women’s movement, led by women and, increasingly, joined by young people and men from poor countries.

Setting Policy Priorities & Achieving Them Through International Cooperation

U.S. foreign policy on health should encourage international cooperation to protect the human rights of women, strengthen core health system capacity with priority given to sexual and reproductive health services, and revise funding allocations to reflect priority commitments to girls' and women's health.

Protect the Human Rights of Women

A fundamental priority for the next Administration should be ratification of the central human rights treaties, the Convention on the Elimination of Discrimination Against Women and the Convention on the Rights of the Child. Failure to ratify these treaties places the United States far outside the mainstream and out of step with the international community. The United States should implement these treaties and encourage the international community to ensure that the objectives of these agreements are fulfilled. In this effort, the Administration should also propose and support strong national, regional, and intergovernmental frameworks for advancing human rights and use its diplomatic and foreign assistance resources to implement them. These include the Optional Protocol to the African Charter on Human and Peoples' Rights, work at the Inter-American Commission on Human Rights, and the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights, among others.

Strengthen Health Systems by Giving Priority to Sexual and Reproductive Health

In order to assist low-income countries to develop sustainable health services that serve the women and very young children who are the majority of those most in need, U.S. foreign assistance should be invested in health system strengthening, not just disease-focused projects; foster non-governmental organizations (NGOs) that hold governments accountable; and ensure that priority is given to sexual and reproductive health. Reproductive health services, including pregnancy and delivery services, family planning, and diagnosis and treatment of STIs including HIV, have community support and a head start of several decades on core staff and management capacities. Unfortunately, both the "global gag rule" and the Bush Administration's decision to stop funding the UNFPA over the past several years has forced organizations that offer women access to contraceptives and other vital health services—often the only existing sources in underserved areas of countries with weak public health systems—to cut back their services or even, in some cases, to close.

By contrast, U.S. investment in health systems, emphasizing comprehensive reproductive health services, would reinforce and complement efforts by European donors, including the International Health Partnership (IHP), and multilateral institutions. The IHP was launched by United Kingdom Prime Minister Gordon Brown, other nations, and international organizations in fall 2007 as a means of encouraging donor coordination; improving health systems as a whole (versus focusing only on specific diseases); and developing and supporting national health plans in developing countries. Such work is urgently needed and will be effective in low- and middle-income countries.

There is clear evidence in Bangladesh, for example, that investments in multifaceted reproductive health services between 1998 and 2003 delivered powerful results while also strengthening the health system. The percentage of women receiving antenatal care rose from 26 to 56%, and use of emergency obstetric care rose from 5 to 27%. There was a significant decline in infant mortality as well as maternal mortality, which dropped from 440 per 100,000 live births to 322. Across the country basic health facilities and district hospital capacity improved markedly.⁷

Revise Global HIV/AIDS Policy and Assistance

The HIV/AIDS pandemic presents an unprecedented global health challenge and correspondingly, is receiving unprecedented funding from the U.S. government and many other sources. So far, a siloed, disease-centered approach has been adopted. The U.S. government can and should lead the way in shifting the HIV/AIDS policy paradigm to a broader approach that encompasses all sectors and communities. Far more emphasis is needed on prevention, and the prevention strategy must encompass work to empower girls and women against HIV. The focus to date on work with commercial sex workers, injecting drug users, and men who have sex with men is vitally important, but has left most girls and women unprotected. The result is feminization of many epidemics and increasing rates of infection in females in all regions.

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The prevention paradigm also needs to be broadened beyond PEPFAR’s simplistic formula of ABC—Abstain, Be Faithful, and use Condoms. More and more people recognize that this framework is irrelevant for most vulnerable women and girls. Four-fifths of women living with HIV/AIDS worldwide are infected by their husbands or primary partner.⁸ They cannot abstain, they are already faithful, and too often their partners refuse to use a condom.

HIV/AIDS is fundamentally a sexual and reproductive health and rights issue for women and girls: they are vulnerable because their rights are widely violated, but they could be protected if access to reproductive health services and comprehensive sexuality education was expanded. At the UN High-Level Meeting on HIV/AIDS in June 2006, governments reaffirmed “the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development,” and pledged to “increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, among other things, sexual and reproductive health, and the provision of full access to comprehensive information and education.”

Opportunities & Recommendations for Action

The next U.S. President has an opportunity to take a leadership role to protect the human rights of women, invest in health systems, give priority to sexual and reproductive health, and revise foreign assistance accordingly.

Protect Human Rights: Building Partnerships at the UN and around the World

To reclaim leadership in promoting and protecting human rights, the next President can take the following concrete actions:

- **Positively engage in UN processes.** The UN is the primary venue for establishing and monitoring the human rights of girls and women. It does so by establishing landmark definitions (e.g., Vienna Declaration and Program of Action, the Program of Action from the ICPD, and the Platform for Action from the FWCW); establishing government, donor, international agency, and U.S. goals; and laying out action commitments. The new U.S. President can once again use UN forums to encourage and support global progress toward women's human rights and health by consistently working to reaffirm and strengthen prior agreements in intergovernmental forums along with concrete, time-bound commitments to implement them.
- **Ratify Convention on the Elimination of Discrimination Against Women and the Convention on the Rights of the Child.** Submitting CEDAW and the CRC to the Senate for approval early in a new term would send a strong signal to the world that the U.S. government fully respects and supports treaties negotiated by the UN.
- **Lead actions to ensure universal access to reproductive health.** The United States can send a powerful signal to other governments and to the world's women and families by providing significant financial assistance for high-quality reproductive health services. By prioritizing reproductive health in its own health and population programs—including its HIV/AIDS response, and in its support to UNFPA, the World Health Organization, and the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria—the United States could catalyze major gains for global health and sexual and reproductive rights and health.
- **Support regional human rights agreements.** Outspoken support of these agreements by the U.S. government not only in regional forums, but in bilateral policy negotiations, could greatly enhance implementation by national governments.

Invest in Health Systems Capacity: Advance Reproductive Health

Investing in comprehensive reproductive health services has the potential to simultaneously address multiple urgent public health burdens, including persistent, preventable maternal mortality and morbidity, infant mortality, HIV/AIDS, and violence against women. The next U.S. President can turn the tide by taking the following steps:

“The new President should restore \$34 million (or more) annual funding for UNFPA, the largest multilateral source of funding for reproductive health services.”

- **Invest in health systems and prioritize reproductive health.** The World Bank has estimated that 74% of maternal deaths could be averted by making basic pregnancy services and emergency obstetric care accessible.⁹ Countries such as Bangladesh, Thailand, Egypt, and Honduras that have made sustained investment in ensuring access to midwives and skilled birth attendants, a functioning referral system, and emergency obstetric care have seen significant drops in maternal mortality over the past few decades. These interventions are striking in their simplicity, and relatively inexpensive. They do not require new technologies or scientific breakthroughs. They do require political will and funding.

- **Promote reproductive health as the leading edge of health system strengthening initiatives like the International Health Partnership.** The new U.S. Administration can play a leadership role by joining this initiative and positioning reproductive health services/systems at the leading edge. This approach will allow health systems to build on the most fundamental primary health service in existence around the world. Priority for these services also ensures that health care reaches women and children, the bulk of people most in need.

- **Support the MDGs that focus on women and children.** The new Administration will also have an opportunity to join Deliver Now for Women and Children, an international initiative spearheaded by Norway to focus attention on MDG four (reduce child mortality) and MDG five (improve maternal health), and reduce child deaths by two-thirds and maternal mortality by three-fourths by 2015. This promising campaign is coordinated through the Partnership for Maternal, Newborn, and Child Health, for which the United States should likewise provide substantial support.

- **Release U.S. funds for UNFPA.** Congress consistently provides funds for UNFPA in its appropriations bills, only to have the current Administration use twisted interpretations of existing law to block the release of these funds, against the advice of its own Blue Ribbon panel. The new President should restore \$34 million (or more) annual funding for UNFPA, the largest multilateral source of funding for reproductive health services (family planning, pregnancy and delivery care, and diagnosis and treatment of STIs, including HIV/AIDS). UNFPA reaches far more countries than U.S. bilateral family planning efforts.

- **Overturn the “global gag rule.”** Just as President Bush issued the executive order containing the “global gag rule” on his first day in office, the next President can take a strong stand for reproductive health and rights by lifting the restriction on the first day of a new term.

- **Increase funding for reproductive health.** As a starting point, experts estimate that \$3.9 billion annually would provide contraception to 200 million women who do not currently have access, and \$6.1 billion per year would ensure that 75% of women in 75 countries could have essential maternal and child care. At a minimum, the United States should contribute its agreed share of the funding needed to ensure full implementation of the ICPD Program of Action and its goal of universal access to reproductive health services by 2015.

“By emphasizing a bottom-up, locally informed approach... PEPFAR can be made vastly more effective.”

Make HIV/AIDS Funding Work for Prevention and for Women

There are two priorities here—rebalancing PEPFAR to emphasize prevention, including by removing policy restrictions that are motivated by politics, not science, and following through on recently adopted gender policies by multilateral programs. Priority actions for improving PEPFAR, many of which are encompassed by the Protection Against Transmission of HIV for Women and Youth (PATHWAY) Act, include:

- **Invest HIV/AIDS funds in reproductive health services as the first line of prevention for girls and women.** U.S. funds could expand core reproductive health services; train reproductive health care providers in HIV/AIDS counseling and testing, including rapid HIV tests; improve antenatal and delivery care, which are prerequisites for increased uptake of parent-to-child transmission interventions; provide prevention and treatment of opportunistic diseases and illnesses; and expand education and services for prevention, especially male and female condoms. It is vital for maternal and newborn health and for HIV prevention that these consolidated and expanded services also encompass prevention, diagnosis, and treatment for STIs, including HIV.

- **Support wide access to comprehensive sexuality education.** Such education can promote new social norms and behaviors that encourage gender equality and protection of the human rights of girls and women; teach zero tolerance for sexual violence and coercion; and help young people build skills to establish equality within relationships and respect the right to consent in sex and marriage. Programs in and out of school are needed to provide safe spaces for girls free from harassment and discrimination, an alternative to early marriage, and activities to help build their self-esteem and confidence.

- **Involve women locally.** By emphasizing a bottom-up, locally informed approach for in-country program planning that includes consultation with women leaders and organizations with demonstrated success in work with women, PEPFAR can be made vastly more effective. Programmers can determine the mix of prevention programming that best addresses local realities, rather than following what has often been irrelevant or inappropriate guidance from Washington.

- **Remove harmful funding restrictions.** These include the earmark requiring disproportionate funding for repeatedly discredited, abstinence-until-marriage projects, and the directive that all NGOs receiving federal HIV/AIDS funds adopt an organizational policy “explicitly opposing prostitution.” This latter policy not only infringes on organizational rights to free speech, but also undermines global efforts to eradicate sex trafficking, to work respectfully and effectively with sex workers, and to prevent the spread of HIV. It contradicts accepted public health practices: condemning sex workers’ source of livelihood presents a significant obstacle to gaining the trust necessary to reach them with education, health services, and viable economic alternatives.

At the multilateral level, the new Administration can help set direction and ensure follow-through on gender policies including:

- **Prioritize prevention and protection for women through the work of the Global Fund to Fight AIDS, TB, and Malaria.** At its November 2007 meeting, the Board of the Global Fund agreed to encourage and support national AIDS control programs to invest in girls and women. The Global Fund has created senior positions called, “gender champions,” within the agency, charged with ensuring that the Secretariat and the process of developing proposals to the Fund fully consider women and girls. The new Administration, as a member of the Fund’s board, should promote full implementation of the gender policy now being developed by the Fund.
- **Support gender equality in UN HIV/AIDS programs.** UNAIDS also announced in 2007 that gender equality would be a corporate priority to foster consistent and systematic attention to women and girls throughout its work. UNAIDS’ Global Coalition on Women and AIDS has a new director, whose charge includes integrating concern for gender throughout the agency. The new Administration should be fully supportive of these initiatives and proactive in requiring accountability from the Secretariat.

The United States Can Make the Critical Difference

The United States has long been the largest donor—and the most powerful—in the health arena, among others. For decades the United States was a leader in protecting human rights, helped to build the UN, and forged processes for international cooperation. With this history and exceptional power, the next U.S. President has not only the opportunity but also the responsibility to ensure that our foreign assistance helps secure the health and human rights of those most in need, namely women and young people, and that it does so through a foreign policy that strengthens international cooperation. There can be no peace, no human security, without health and human rights for all.



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