

**A New Global Agenda for Girls' and Women's Health and Rights  
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I'm so pleased to be here today, and want to thank the Columbus Council on World Affairs for this opportunity to talk with you about women and girls, the next Administration, and why we all need to care about women worldwide.

I'm here today because life for most girls and women in poor countries is "nasty, brutish, and short," to borrow a phrase from Thomas Hobbes.

The story of one young woman, I will call her Kamla, is all too common. Kamla lives in a remote, drought-stricken village in western India. Like half of all girls in India, she was married before age 18. Actually, Kamla was 14 on her wedding day.

She didn't know anything about her body when she married. Her first menstrual period had come as a surprise only six months earlier. Her parents arranged for her to marry a man twice her age. She didn't know about sex, or what to expect on her wedding night, but she knew something was expected of her. And she was terrified. When her first child turned out to be a girl, her husband began to beat her, and her mother-in-law abused her endlessly.

Like many young women throughout the world, Kamla's right to decide whom and when to marry was ignored. Like so many, she was denied her right to basic information about her body and about sexuality. Because Kamla's husband demanded frequent, unprotected sex and had sex with others when he left the village to find work, Kamla is now HIV-positive. She had no power to negotiate safe sex or to refuse sex or to leave.

There was a time when the United States worked hard and effectively to change the lives of girls like Kamla. We were committed to the human rights of all and we invested in advancing girls' and women's health and human rights in poor countries. For example, in 1994 at the International Conference on Population and Development, we agreed to spend \$1 billion or more annually towards these issues.

In the last seven years, however, we have abandoned our leadership and moral responsibility with deadly consequences for girls and women:

- One woman dies every minute—and thousands more are injured—in pregnancy and childbirth;
- In all regions, HIV infection is increasing rapidly in women and girls; and
- One in every three women in the world is subjected to violence in her lifetime just because she is a woman.

All of these are preventable. They don't have to happen.

The next U.S. President—republican or democrat—can change this picture. Our country has a unique opportunity, and carries the profound responsibility, to reverse current harmful policies and initiate positive actions for women's health and rights worldwide. In doing so, he or she will

do much to repair our weakened standing and reputation and lead the way toward a more equitable, prosperous, and I dare say, peaceful world.

Today, I focus on just three things the next President can do:

- Promote and protect the human rights of women;
- Help guarantee that every woman can access essential health services; including family planning and help during childbirth; and
- Give women the power to protect themselves and their partners against HIV/AIDS.

The agenda I am presenting comes from girls and women worldwide. They know what's needed and what works. We know their priorities because the International Women's Health Coalition has partnered with women and youth leaders for 25 years in Latin America, Asia, and Africa, at the local community level and in powerful international arenas such as the United Nations.

Our program partners experience the impacts of U.S. foreign policy and foreign assistance in their communities and their countries every day. They have asked us to promote action by the new Administration in the three arenas I highlighted:

- human rights,
- healthcare, and
- HIV/AIDS.

Let us look first at human rights. As long as the fundamental human rights of Kamla and hundreds of millions of other girls and women are violated daily, countries will not end poverty or achieve justice, democracy, or peace.

The next U.S. Administration needs to regain our role as a leader in human rights. What better way than standing strong for the human rights of half of the world's population? Let me give you the example of one colleague and friend, Dorothy Aken'Ova.

Dorothy was raised in a traditional Muslim family in the ultra-conservative northern region of Nigeria. Like most girls growing up in Nigeria, she had very little say in decisions about her life. Her family controlled everything she did, from what she wore, to who her friends were, to what she studied in school.

By her late twenties, Dorothy had been on her own and working for eight years, but her family still dictated how she lived her life. She married, then left, an abusive husband. Though her family insisted she return to him, she did not.

Instead, Dorothy channeled her anger, fear, and disappointment into changing the powerlessness of women in her community. With our help, she founded the International Centre for Reproductive Health and Sexual Rights, INCREASE, to challenge the society that ignored women's rights and kept sex taboo.

INCREASE's work is revolutionary and life-changing for many women. INCREASE teaches women and young people about their rights and bravely speaks out against the draconian laws that govern women's lives and their sexuality. In Nigeria, a woman can be severely punished, even killed, for having sex outside of marriage. One such woman is Fatima Usman who became

pregnant after being divorced and was sentenced to death by stoning under Sharia'h Islamic law. INCREASE took up Fatima's case, which is currently under appeal. Without the help of INCREASE, Fatima would have been dead by now just because she had sex with a man she loved.

What has the United States done to protect millions of women like Fatima in Africa, Asia and Latin America?

Not nearly enough. Instead, in recent years, our government has used its diplomatic weight to attempt to undermine international agreements on the human rights of women.

The new Administration can signal a sea change in policy by asking the Senate to ratify the United Nations Convention on the Elimination of Discrimination Against Women (CEDAW). Our country holds the disgraceful distinction of being one of only eight countries, including Somalia and Iran, which have not ratified CEDAW. Ratification would send a strong signal to the world on women's rights. As important, it would show that the U.S. government fully respects and supports treaties negotiated by the United Nations.

And we could do so much more. Imagine the next Administration once again engaging in the UN proactively as we did in the 1990s, using the UN to promote the human rights of women and girls and to protect their health. U.S. diplomats could use every diplomatic meeting to raise the human rights of women and girls, including their right to reproductive health services.

On day one, the next Administration can set up a time-limited task force to examine how U.S. foreign policy can expand and strengthen our contributions to protecting the human rights of women and girls everywhere, especially in the poorest countries. The next Administration can—and should—work one on one with other governments on concrete reforms so that women have the legal right to start their own businesses, own land, or take men to court when they rape or beat them, including in their own homes.

The second priority area for action by the next Administration is healthcare. We must help guarantee women's right to access basic health services. It is past time to ensure that reproductive health is the leading investment we make to meet the health needs of the world's people—for when women are healthy, so also are their families.

As we all know, healthcare is a matter of huge debate, including among presidential candidates. Globally, improving the health of women is also an urgent challenge. Huge disparities exist between high- and low-income countries and between rich and poor in most countries. In low-income countries, by far the bulk of those in need are poor women and their very young children. Yet they are voiceless and their needs are not met—have never been met.

During the ten minutes I have been speaking, ten women have died giving birth. Most likely, these women died in fear and terrible pain, in villages and slums of the world's poorest countries. Most of these girls and women gave birth and died at home, often alone. They did not have to die. Saving women's lives in childbirth requires a few relatively inexpensive interventions, striking in their simplicity—not fancy hospitals or new technologies.

Yet, each year, more than a half million women die like this and at least 20 million more suffer severe harm from entirely preventable causes. If every woman had access to simple treatments for common problems in pregnancy and childbirth, backed up by emergency

obstetric care near where they live, three quarters of these deaths could be averted.

In Bangladesh, one of the poorest countries with extremely high rates of maternal and infant mortality, The International Women's Health Coalition worked with governments, donors, and local civil society organizations to tackle these challenges. We built on strong family planning and safe and legal abortion services by adding lifesaving obstetric care. The initiative trained midwives to assist normal births, to identify and treat minor complications in labor, and when necessary, to refer women and their families to a doctor or hospital. The program also increased the capacity of local hospitals to care for emergency obstetric cases.

We did all of this with very limited financial and human resources and produced dramatic results. In five years, there was a significant decline in infant mortality as well as maternal mortality, which dropped by 26 percent.

Although this approach is effective, the United States has invested very little, and, in recent years, has even opposed such comprehensive reproductive health services. President Bush has proposed a 29 percent cut in the 2009 budget for programs to meet these women's health needs, including contraception and care during and after pregnancy. His proposed budget is far short of the ambitious goals set in 1994 and far short of our fair share of what is actually needed. The President has also withheld U.S. support from the United Nations Population Fund (UNFPA), the world's most important agency for reproductive health. For purely ideological reasons, the Bush Administration has denied UNFPA nearly \$200 million since 2002, even though Congress allocated these funds—money that could have saved 24,000 women from dying during childbirth.

Furthermore, U.S. foreign assistance for health has focused on single diseases— particularly HIV, tuberculosis, and malaria. Although beneficial in many ways, this focus has led us to neglect the basic health system. We have not helped countries train health workers, keep buildings and equipment in good condition, or provide strong management to ensure quality of care. As a result, weak health systems have gotten weaker, and we now face a worldwide crisis.

In addition to getting our foreign assistance funding allocations right, the new Administration needs to work in collaboration with other donors and recipient countries. The new President has a golden opportunity to join a farsighted new initiative called the International Health Partnership, spearheaded by several European donor governments and Asian and African recipient governments. Under the Partnership, international agencies and donors will coordinate their work at the country level to facilitate local governments' efforts to strengthen national health services. By joining this initiative, the United States will not only show its commitment to health systems and saving women's lives, but also demonstrate its commitment to international cooperation.

The next U.S. Administration must also take clear and deliberate actions to change and reverse current policies that directly jeopardize women's health and lives. Perhaps the most serious example of such a policy is the "Global Gag Rule" or the Mexico City Policy. For the past seven years, the "Global Gag Rule" has prohibited foreign non-governmental organizations that receive U.S. foreign assistance from using their other funds to counsel a woman on her decision about abortion or tell her where she can obtain a safe abortion; the rule prohibits organizations from participating in positive discussion about abortion, thus restricting their basic right to freedom of speech. Restricting women's access to safe abortion services does not reduce abortion. Restrictions make abortions unsafe and even deadly. This year some 70,000 women

in poor countries will die from unsafe abortions and uncounted thousands will be grievously injured.

The “Global Gag Rule” is a presidential policy, not a law. The next President can prevent needless deaths and injuries by lifting it on his or her first day in office.

Now let me turn to our third area of action for the new President: HIV/AIDS.

I have watched with horror the gathering momentum of the AIDS pandemic. In 1981, when the first cases were identified in the United States and Africa, I was living in Bangladesh. Working there, and across Africa and Latin America since 1973, I had learned from women about child brides, sexual coercion and violence, and sex discrimination in education and employment. I learned about the failure of national programs to provide sex education, promote condoms, or require men to respect women’s human rights. I knew that countries needed to act quickly against these problems. They needed to close the “gender gap” in education and access to income, and end the inequalities in power that foster HIV/AIDS—and I said so. But no one with power listened.

As a result, today half of the people living with HIV/AIDS are female, up from 35 percent in 1985. Today, HIV/AIDS is increasingly a disease of women, and rates of infection in women are rising in every region, including in the United States. Women are affected in countless ways. They are the caretakers of husbands, partners, children, grandchildren, parents, siblings, friends, and neighbors living with HIV/AIDS. They worry about how to protect their children from infection. Those who are not infected live in fear of infection. Those living with HIV/AIDS, or whose husbands die of AIDS, are beaten, lose their property, or are rejected by their families.

AIDS is a dreadful disease and an early death sentence. But for women, what AIDS also does is expose just how badly the world still treats them.

To give women the power to protect themselves against HIV, we must right the wrongs that are done to them. The violations of human rights and the denial of health services that I have discussed are two of these wrongs.

HIV/AIDS policy is the third. U.S. global AIDS funding is the largest from any country in the world, and it has two parts: prevention and treatment. Prevention focuses on sex workers, injecting drug users, and men who have sex with men. This work is vitally important, but we must also put the power of prevention in women’s hands. Over three billion women and girls are NOT infected and have a right to stay that way. Yet we are doing almost nothing to support them in our AIDS programming—internationally or here in the U.S. Current programming does not address the underlying factors that make women—especially girls and young women—so vulnerable. One of the most important actions is changing how young people grow up—and how they treat each other.

Recently, I visited one of our program partners in Cameroun, Adolescence IDEE Action (AIA). They have pioneered a remarkable sexuality education program for children and adolescents.

To reach one of their community centers in Douala, the largest city, you turn off a dusty road onto a dirt path. After passing a Roman Catholic Church, an Evangelical hall, and a Protestant clinic under a blistering sun, you get to a whitewashed house whose owner lets AIA use a room once a week.

As a visitor, you hear AIA before you see it. Twenty-five children ages 5-12 welcomed us with songs before crowding into the small space for a sexuality education class.

I watched the facilitator lead these children in a review of the body and recitations of “My body is my own,” and “No one has the right to touch it without my permission.” They learned about good touch and bad touch. And whom to tell if they were afraid.

I also met with a group of older adolescents, ages 16-20. One young woman told me “AIA has helped me learn self-esteem. I feel better knowing how to act and how to understand myself.” Another young woman said to me, “I don’t want to get pregnant. Now I know about pills and where I can get a condom. Now I know I need a condom to prevent HIV.”

Sexuality education does not just give young people biological information about their health. It teaches young people about communication and decision-making. It helps them learn how to establish equality in relationships; respect the right to consent in both sex and marriage; and end violence and sexual coercion. It teaches youth how to protect themselves and each other.

Comprehensive sexuality education programs like the ones at AIA are not currently funded by the U.S. government’s global AIDS programs.

You may have seen press articles on negotiations in Congress last week to reauthorize funding for the President’s global AIDS relief program. In the last five years, we have spent nearly \$19 billion through this program. Congress is discussing spending \$50 billion over the next five years. We hope the new President will work with Congress to broaden the approach to HIV prevention. The current approach emphasizes abstinence-only-until-marriage, fidelity in marriage, and condoms, but only for risky sex. Research shows that this framework is ineffective. It is also irrelevant for the majority of women and girls in poor countries. More than four-fifths of new HIV infections in women in these countries occur in marriage or long-term relationships with a single partner. These women cannot abstain, they already are faithful to one partner, and their partners refuse to use a condom.

Sexuality education programs, such as the one I visited in Cameroun, are an important way forward. They help girls develop self-esteem and skills to control their sexual lives and reduce their vulnerability. They require that boys and girls learn to relate to each other on the basis of equality with respect for human rights and their mutual responsibilities. They offer hope to a new generation of faces of HIV and AIDS.

The agenda I’ve outlined for the next U.S. Administration draws on the experience, passion, and ideas of hundreds of leaders like Dorothy Aken’Ova. On day one of the next Administration, the President should stand in solidarity with them by taking concrete steps to:

- Protect the human rights of women;
- Help guarantee that every woman has access to essential health services; and
- Put the power of HIV prevention in women’s hands.

The next Administration has the opportunity and the power to change the future for millions of girls like Kamla and women like Fatima. It will take courage and vision to act boldly. The reward—in lives saved and in our restored reputation as a global leader for social justice—will be incalculable.

As my friend, Muhammad Yunus, Nobel Peace Prize recipient and creator of the Grameen Bank, has said, "When you are dealing with women, you discover the harshness of society. But, if we play our cards right, we can create another kind of world."