

**Unfair and Unbalanced: Women, Health and U.S. Foreign Policy**  
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It is such a pleasure to be here today and to share some thoughts about solutions to global problems driven by girls and women—issues that have defined my life work. Thanks to Penelope and to Voices of Women for inviting me!

Like you, I believe that women must be part of any successful global and national policies. Additionally, women's health, and protection of their human rights, are key barometers of the world's success—or failure—to achieve broad-based development, justice, and freedom. We have a long way to go. The world today is characterized by major disparities—between men and women, between North and South, between rich and poor, between educated and illiterate.

Helping to eliminate these inequalities is the daily work of the International Women's Health Coalition. Our small, talented staff, and large, inspiring, effective network of partner organizations and individuals around the world, work to secure girls' and women's sexual and reproductive health and rights, with a focus on Africa, Asia, and Latin America.

We work in three ways. First, we identify leaders, and potential leaders, in developing countries who share our vision for a world of health and equality. We provide professional assistance and financial support, about \$1.5-\$2 million annually, to help these leaders build their organizations into strong advocates for girls' and women's health and rights.

Second, we inform and engage in professional and public debates in the United States and internationally through policy analysis and media outreach about effective programs and proven strategies for improving the lives of girls and women.

And third, we negotiate at the United Nations to achieve intergovernmental agreements, and we collaborate with international organizations, to shape policies and programs, and mobilize resources, for the empowerment of women and protection of their human rights, everywhere.

We focus on three of the most challenging health and rights issues in the world today. These are:

- Comprehensive sexuality education for the world's 1.2 billion adolescents, education that promotes gender equality and human rights, and that builds young people's skills for respectful and responsible relationships.
- Second, universal access to sexual and reproductive health services, including safe abortion. Some 350 million women worldwide do not have access to appropriate contraception each year. Tens of thousands die from unsafe abortions, and hundreds of millions get sexually transmitted diseases, including

HIV/AIDS. IWHC is one of very few international organizations with the autonomy and commitment to advocate for comprehensive reproductive health services, including safe abortion.

- And finally, we support work on a range of issues related to the sexual rights of women and girls. These human rights are central to girls' and women's health, and to their social and economic equality. IWHC strives to protect every girl's and woman's right to sexual health, and her right to be free of violence, coercion, and discrimination in this vital aspect of life.

Let me now talk about the environment we are working in, and our priorities for the future.

Clearly, the most profound and far-reaching characteristic of this era and the first years of the 21<sup>st</sup> century is global interdependence. At the most basic level, technology and travel link people around the world as never before. But it is not just telecommunications and travel that link us. We are joined also through environmental and economic trends that transcend borders—from global warming to global trade agreements. Likewise, we are linked by health concerns and inalienable human rights. Yet too often, we only seem to realize how small the world really is when someone gets sick in Botswana, gets on a plane, and puts Boston at risk.

Our common challenges and shared aspirations for peace and human rights have helped generate global strategies for social and economic justice over the past several decades. During this time, the architecture of international cooperation has been refined; agreements have been reached to address environmental challenges; successful efforts have been undertaken to eradicate disease; and the framework for international trade and economic integration has been strengthened.

For IWHC and its colleagues, the hallmarks of this era occurred in 1994 and 1995, at the International Conference on Population and Development, or ICPD, and the Beijing Women's Conference. Groundbreaking agreements made at these UN meetings created a new vision for women's health and human rights and how to achieve them. They reflect the shared wisdom and commitment of more than 175 countries and thousands of non-governmental organizations, and offer great hope for the world's women.

These conferences established a "rights-based" approach to sexual and reproductive health. They fundamentally revised international population policies and resource flows away from a narrow focus on demographic targets, toward programs based on a broader paradigm of women's health and rights.

The approach adopted at ICPD and Beijing aims to ensure political, economic, and educational opportunities for girls and women, protect their universally-recognized human rights, and provide essential health services, especially for sexual and reproductive health. To many of us in the United States, this sounds fairly matter-of-fact—these are things we tend to take for granted. But for many women around the world, and too many in our own country, these are distant dreams. The challenges these girls and women face are, in fact, daily nightmares.

Some say that the ICPD and Beijing are just words, and the agreements mere pieces of paper. But our colleagues use these words and pieces of paper to remind their governments that they agreed to provide reproductive health services and sexuality education. They use them to argue for justice when women are subjected to so-called honor killings or doused in acid as retribution for family feuds. Their lives depend on the admonition to all governments that unsafe abortion be treated as a public health priority and that, even where abortion is legally restricted, women who are dying from botched, unsafe procedures should receive the medical treatment they need. They hope and pray that the financial commitments in these global agreements are fulfilled so that education and health services are available to, for example, prevent over 500,000 maternal deaths that occur each year, and to protect girls and women from sexually transmitted diseases including HIV/AIDS.

For much of the 1990s, the world's women had good reason to hope that these agreements would come to fruition and that the future would be better than the past. After the ICPD and Beijing, women went home and they began organizing and working with their governments. Donor nations, including the U.S., increased funding for reproductive health and other programs that empower girls and women. Then, in the year 2000, world leaders adopted the Millennium Development Goals—or the MDGs—eight concrete goals for halving global poverty by 2015. It is widely understood and agreed that women's health and rights are essential to achieving the MDGs.

Two weeks ago, an unprecedented number of world leaders gathered at the UN in New York to discuss not only the MDGs, but broader issues of UN reform. We, like many of our colleagues and the Secretary-General himself, were disappointed by the overall outcome. But, through our behind-the-scenes work with governments and UN agencies, we secured one of the strongest affirmations of sexual and reproductive rights and health in recent history. All governments, including the U.S., reaffirmed that achieving universal access to reproductive health is a fundamental part of the MDG agenda. We women also secured robust language on gender equality, violence against women and human rights.

Though we have these strong global agreements—and strong women's organizations in almost every country—the Bush Administration, with a handful of other backward states, seems determined to thwart implementation.

For example, the President sacrificed the rights to health, life and free speech of women in other countries to his own ideology by reimposing what we call the global gag rule at the start of his first term. 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 abortion services, counseling, referrals, or even advocacy against restrictive abortion laws. Recipients of U.S. funds may, however, advocate for restrictive abortion laws.

Multilateralism, which has served U.S. and global interests for 60 years, has been repeatedly undermined by this Administration. Particularly tragic for women has been the Administration's decision to deny funding—so far, \$127 million—to the UN Population Fund, or UNFPA, against the conclusions of the Administration's own review teams. The United States is the only country in the world to have ever cut off funding to UNFPA for political reasons, jeopardizing women's access to contraception, pregnancy care and lifesaving help while giving birth.

Equally shameful is the fact that this Administration is unwilling to ask the Senate to ratify the Convention on the Elimination of All Forms of Discrimination Against Women, or CEDAW. The United States, with just a few others such as Sudan and Iran, stands virtually alone in this fundamental failure to concretely recognize the human rights of women.

The principles of science have also been compromised by the tearing down of peer-reviewed, scientific process. The Administration relies on ideology when making major public health policy decisions, and, for example, asserts that condoms provide little protection against HIV infection; promotes abstinence as the only way to prevent HIV/AIDS infection in young people; and purges government websites of scientific findings that contradict their own policies.

In just over four years, the current Administration has tried—at some dozen international meetings—to undermine the ICPD and Beijing agreements. They have failed, largely due to the organization and persistence of women and supportive governments. The U.S. administration trumpets the blossoming of freedom in Iraq and Afghanistan, but obscures the reality that young girls are still being beaten for going to school in Afghanistan, and that women's rights are more limited now than under Saddam Hussein.

Taken together, the current policies of the United States are unfair, unwise, unhealthy, and unworthy of us. This Administration has isolated us from the international community and abandoned the world's women, despite the rhetoric.

Thankfully, the vast majority of the world's governments, and well-organized civil society movements, have stood them down, and together we continue to move forward to implement pivotal policy agreements.

Today I focus on one of the most urgent priorities—the growing global toll of HIV/AIDS on girls and women. Feminization of the pandemic is largely the product of the world's failure to protect women's rights and achieve gender equality. It exposes how badly girls and women are treated at home in poor communities, as well as around the world. It also reflects the inadequacies of the prevention strategies so far adopted by global HIV/AIDS policy leaders, including the U.S. government.

The situation is very grave. HIV/AIDS rates among girls and women are soaring. Half of the 39 million people living with HIV/AIDS around the world are female, up from 41% in 1997. Trends in infection rates point to an even bleaker future. Young women now account for 62 percent of all persons ages 15 to 24 living with HIV/AIDS worldwide. In sub-Saharan Africa, 76 percent of infected young people are female.

How can we prevent and reduce further feminization of the epidemic? First, we have to redefine our prevention strategies.

HIV/AIDS prevention to date has focused on the so-called “high risk groups,” that is, IV drug users, men who have sex with men, and commercial sex workers and their clients. Public information campaigns have focused narrowly on disease, danger, and condoms.

Continuing spread of the pandemic, as well as its feminization, is evidence that these focused prevention strategies are woefully inadequate, especially to protect girls and

women outside the “high risk” groups—in other words, most women. President Bush’s approach to prevention will not help enough. He promotes ABC—Abstain until marriage; Be faithful; and, for those who engage in “high risk” behaviors, use Condoms. While most men can effectively choose A, B, and/or C, they do not, and most girls and women cannot, because of the social and economic realities of their lives. These are:

*First, early marriage:* Throughout the developing world, more than 38% of young women currently aged 20-24 were married before they reached 18. In many of the countries prioritized by the Bush administration for HIV/AIDS assistance, the rate is closer to 50 percent. A child bride is typically controlled by her husband and in-laws, knows nothing about sexuality, contraception, or HIV, and is expected to demonstrate her fecundity immediately after marriage. She is in no position to abstain from sex, let alone insist on condom use. She is faithful; quite likely, her husband is not.

*Second, men who are unfaithful:* Just as abstinence is no protection for most women, neither is being married and faithful. Four-fifths of women living with HIV/AIDS globally are infected by their husbands or primary partners, not by their own behaviors. Worldwide, and most noticeably in the highest HIV/AIDS prevalence countries, premarital and extramarital sexual activity are widely condoned, or even encouraged, for adolescent boys and men as a demonstration of masculinity. But girls and women are expected to be virgins at marriage, and faithful within it.

*Third, transactional sex:* Girls and younger women are driven to transactional sex to meet an array of needs—family survival, transportation, school fees, food—and sometimes by enticements—clothes, a night out, or a cell phone.

*Fourth, sexual coercion and violence:* Sexual coercion and violence against girls and women are rampant everywhere, most commonly within marriage, families and relationships. A violent partner dramatically increases women’s risk of infection and obliterates any protective action she might otherwise take.

*Fifth, ignorance:* Girls across Asia, the Middle East, and Africa and even much of Latin America are supposed to be not only virginal, but also ignorant of sex, when they enter marriage. They commonly have no knowledge of sexuality, reproduction, HIV, or condoms. In countries that already have generalized HIV epidemics, more than 80 percent of young women 15-24 have insufficient knowledge—or no accurate knowledge—of HIV.

For these reasons and countless more, girls and women across disparate societies cannot, under current circumstances, protect themselves from unwanted, unsafe, violent, or coercive sex. They are not what epidemiologists call high risk groups or core group transmitters of HIV, but they are core receivers of this deadly disease—and many others.

What is the way forward? Simply put, we need a paradigm shift in HIV/AIDS prevention to effectively protect girls and women, and to ensure their equitable access to testing, counseling, care, and treatment. Two major shifts are essential.

One major shift is to strengthen and expand access to health services that women and girls use—namely, reproductive health services. Most girls and women currently contracting HIV don’t realize they are at risk. To effectively reach these women—the

majority of women— primary prevention services and information must be readily accessible to all. We should provide substantially more resources both to reach more girls and women through these reproductive health services, and to add HIV/AIDS capabilities to reproductive health services.

The second policy shift concerns children and adolescents, nearly three billion of them, the majority of whom live in countries where the numbers of HIV/AIDS cases are or will be rising dramatically. Seven thousand young people are newly infected with HIV each day.

Comprehensive sexuality and health education that promotes gender equality and human rights can make a significant difference in young people's lives. These investments provide factual information, give social support, and help young people build self-esteem, confidence, and skills to establish equality within relationships, respect the right to consent in sex and marriage, and end violence and sexual coercion.

Investments in such programs will dramatically help reduce the numbers of young people at risk. At the same time, these programs build social and political acceptance for long-lasting change, and an end to underlying engines of the HIV epidemic, the same engines that drive wider inequalities between women and men.

The current US government, in contrast to previous ones, does not support this promise to the largest ever generations of young people; nor do they support universal access to reproductive health services. But we and our worldwide colleagues are determined to move forward. We are engaging a range of communities in partnership: the HIV/AIDS community, women's health advocates, human rights activists, United Nations agencies, European governments, and national AIDS programs in India, Nigeria, and Brazil. All of us are devoting leadership, time, and resources. It is incredibly important that we get the global HIV/AIDS strategy right and re-establish international momentum specifically for women's health and rights. The payoffs will be huge—and the costs of failure nearly unimaginable.

The New York Times Op-Ed I've shared with you tonight, which I hope you will have the chance to read later, is one example of how IWHC works toward achieving this kind of major change. It was published as a result of a long collaboration between the Coalition and the director of Nigeria's national AIDS program, Babatunde Osotimehin. It is a bold call to action—by a grantee of the US government, no less—for exactly the type of policy shifts I outlined above. Collaborations with brave, creative, talented individuals around the world like Babatunde will be the key to our success. They do not accept U.S. foreign policy that talks piously about freedom, while disastrously undermining the health and rights of women and young people, and we must stand in solidarity with these courageous women and men.

Indeed, the world's girls and women are counting on each of us to help ensure continued progress toward universal respect for human rights, gender equality, shared prosperity, peace, and equal opportunity. I hope that all of you will participate in this effort—in your conversations, in your professional priorities, as well as in volunteer activities. I am confident that we are up to the task, and together can keep expanding our coalitions for a better world. Thank you very much.