

Gender, Equity and Human Rights at the heart of the pandemic convention

Side-event to the World Health Assembly (online)

26th of May of 2022

Report

Context

Epidemics and pandemics, such as the COVID-19, have a great impact on people's lives and societies, from education, to economics and health. However, it has an unequal and devastating impact on the already most marginalized groups, such as women, LGBTI+ persons, migrants, drug users and sex workers.

During the pandemic, several countries all over the world faced widespread losses in access to sexual and reproductive health information, and increased concerns over gender-based violence.

Life-saving sexual and reproductive health services, including family planning, faced severe disruptions, leading to an increase of maternal mortality. Simultaneously, lockdowns and economic challenges increased the incidence of gender-based violence and harmful practices, such as child marriage and female genital mutilation. Young people felt vulnerable to harassment, sexual, physical, emotional or financial abuse. The closure of schools hindered access to comprehensive sexuality education, and exposed girls to sexual activity and violence, increasing adolescent pregnancy and transmission of STIs, including HIV.

With a disproportionate impact on vulnerable communities, especially women and girls, the COVID-19 pandemic brought great human rights violations and drawbacks on sexual and reproductive rights all over the world.

Rationale

Between the 22nd and the 28th of May 2022, global leaders gathered at the World Health Assembly to discuss the future of the global health architecture. Considering the negotiations of an international legal instrument for pandemic response and preparedness, it is fundamental that political leaders, especially parliamentarians, take the opportunity to advocate for the inclusion of a human rights and gender equality approach in the future pandemic convention.

For this reason, UNITE Global Parliamentarians Network to End Infectious Diseases organized an online side-event to the World Health Assembly 2022, to discuss the importance of the principle of equity in the pandemic convention, as well as the human-centric perspectives.

Concept

Considering the discussed context, on the 26th of May of 2022, UNITE organized an online side-event to the WHA and within the pandemic convention negotiations, to discuss the following topics:

- The impact of the COVID-19 pandemic and other pandemics on women’s rights;
- The pandemic convention and the equity principle;
- The human rights and gender equality approaches to the pandemic convention;
- The role of parliamentarians in advocating for the inclusion of human rights and gender equality approaches in the pandemic convention.

Agenda

26th May 2022 | 14:00 CEST

Moderated by Hon. Gabriela Cuevas

Time	Session	Organization
5 minutes	Welcome and introductory remarks	Hon. Gabriela Cuevas Co-chair of UHC 2030; Former MP of Mexico
15 minutes	How to approach the next pandemic - the equity principle	Dr. Jorge Saavedra Executive director of the AHF Global Public Health Institute at the University of Miami
15 minutes	Including a fundamental perspective of human rights in the convention	Naomi Burke-Shyne Executive director of Harm Reduction International
15 minutes	The impact of COVID-19 and other pandemics on women’s rights and the need to include a gender perspective in the convention	Shirin Heidari Senior researcher at the Geneva Graduate Institute; Founding President of GENDRO
35 minutes	Roundtable discussion	Members of Parliament
5 minutes	Closing remarks	Hon. Gabriela Cuevas Co-chair of UHC 2030; Former MP of Mexico

Partners

UNITE is a global network of parliamentarians committed to driving political change and impact to end infectious diseases as a global health threat until 2030. UNITE has more than 215 members in more than 75 countries worldwide and divides its activities in ten regions, called chapters, led by its Co-Chairs and Executive Board.

The Panel for a Global Public Health Convention is a coalition of global leaders working to strengthen the ability of the world to prevent, prepare, and respond to infectious disease outbreaks before they become widespread pandemics. The Panel was formed in 2020 in response to the COVID-19 pandemic.

AIDS Healthcare Foundation (AHF), is the largest global AIDS organization, currently provides medical care and/or services over 1.5 million individuals in 45 countries worldwide in the US, Africa, Latin America/Caribbean, the Asia/Pacific Region and Eastern Europe and is a global leader in health policy advocacy.

Harm Reduction International is a leading non-governmental organisation working to reduce the negative health, social and human rights impact of drug use and drug policy by promoting evidence-based public health policies and practices, and human rights-based approaches to drugs.

UHC2030 is the global movement to build stronger health systems for UHC. It provides a platform to convene and build connections through joint high-level events or gathering of experts and contributes advocacy, tools, guidance, knowledge, and learning.

Meeting Minutes

The moderator **Honorable Gabriela Cuevas** opened the session by describing how Parliamentarians need to take the opportunity to reflect on their leadership role in advocating for the inclusion of human rights and gender equality in the future pandemic convention. This discussion took place in the context of the World Health Assembly, where global leaders gathered to discuss the future of the global health architecture.

Honorable Cuevas underlined how essential it is for Members of Parliament to recognize and call out any policy and legislative provisions or practices that marginalise and limit the rights of women, and to advocate for more equity and guaranteed rights and access to healthcare for women.

Honorable Cuevas then introduced the three speakers that would describe how and why it is important to include a human rights perspective as well as a gender approach in the next pandemic treaty.

The first speaker, **Jorge Saavedra**, executive director of AHF Global Public Health Institute at the University of Miami, started by stating that every country has a right to participate in a fair system that favours equity. The COVID-19 pandemic has led to terrible illnesses and impacted dramatically our society, especially vulnerable groups. Therefore, a priority would be to guarantee equitable fundings. Second, as the access to personal protective equipment was a problem in developing countries, there needs to be a guarantee of equitable access to protective outbreak tools.

Furthermore, countries that can produce vaccines should share them with developing countries. The creation of COVAX was a great initiative to achieve global health equity, however, the results were not as expected, since the target goal of vaccination of 10% and then of 40% was not obtained. In this context, global equity for all is still an objective to achieve. For that, we need to recognize that the global health architecture needs to be reformed profoundly. We need to define what global public health good is and what it should be. Those need to be patent free, tax free and it is a moral responsibility to make it cost free. It is a responsibility to guarantee equity and support funding in developing countries.

The model of the Global Fund is currently the most experienced and transparent one, as it dealt with three pandemics in the past. This model incentivized countries to invest in health systems. However, the Global Fund also needs reform, and to expand its mandate beyond treating diseases. The COVID-19 pandemic demonstrated that governments are not enough. There is a need for other actors, such as civil society, communities, private actors who can act as watchdogs. Their regulation is also essential. To include all ideas and participation we need a bottom-up approach instead of a top-down one. MPs need to be involved in every aspect of the process, as well as civil society.

The second speaker, **Naomi Burke-Shyne**, executive director of Harm Reduction International insisted on the role parliamentarians can play in creating a robust health framework. She first started by presenting Harm Reduction International, a leading NGO to reduce the negative impact of drug use and went on by describing how COVID-19 created disruptions in the access to harm reduction services during the pandemic. The COVID-19 pandemic had a disastrous impact as many Governments enforced securitarian measures.

The WHO executive committee gathered to think about this new legal instrument guaranteeing equitable access to treatments. The International Negotiating Body started the process of drafting the treaty. During the World Health Assembly, there have been conversations about pandemic preparedness and response, moving to a phase where in June there was a collection of public hearings. It is crucial to engage with diverse voices in the world: academia, and civil society voices.

Some critics have been raised against the process of the drafting stating that it was not transparent enough. On the other hand, it is essential to have a new legal instrument to reshape global health architecture. It is also essential to fill in the gaps that States cannot fill. MPs are part of the governing body that reaches at the international level. HRI elaborated 10 Human Rights principles to be included in the pandemic treaty and the organisation is ready to support MPs to raise these issues at their national parliaments. Finally, it is important to address all human rights in the pandemic treaty and MPs can play an important role in this process.

The third speaker, **Dr. Shirin Heidari**, focused her intervention on the human rights and especially gender perspective. She first started with a presentation of GENDRO, an NGO that works internationally to draw attention to gender issues based on data to draft public policies related to health that include gender dimensions.

Gender penetrates every aspect of our lives. People that are at the margin are pushed even further at the margin in times of crisis, which perpetuates barriers. Nothing is gender neutral; everyone has gender biased perspectives. More than 90% of people globally hold a gender balance belief. For instance, nearly half of the people globally believe that men make better politicians.

Furthermore, the COVID-19 pandemic has had a devastating impact on women and girls. It is crucial that the lessons learned are not lost, therefore, including a gender perspective in the future pandemic treaty should be at the heart of the negotiations. Parliamentarians can play an essential role in this process. Men showed a greater risk to diseases, but women were more affected. A major part of the healthcare force is mostly made up of women. As schools closed, women faced a disproportionate responsibility of childcare, house care, and work. Also, with lockdowns, there was an increase in gender-based violence. Vulnerable groups (migrants, refugees, sex workers) were also more exposed. These groups were more impacted financially as they faced a higher risk of losing their jobs. Policy briefs revealed that disproportionate job and income losses were suffered more by women during the pandemic.

Finally, there is a massive lack of gender data. States must collect data because without data we are fumbling in the dark. The evidence that considers gender and intersectional dimensions must guide pandemic prevention, preparedness, and response. Therefore, data must inform policies, and they must be based on gender-sensitive evidence, account for equity dimensions and be anchored in human rights.

Member States are negotiating a new legal instrument that needs to embody gender transformative, human rights inclusive and health equity aspects.

Dr. Heidari ended her presentation by making three specific recommendations. First, to prevent disruptions it is necessary to guarantee equitable and non-discriminatory access to sexual and reproductive health services. Then, it is important to prevent and to respond to gender-based violence. Finally, there needs to be 0 tolerance for sexual exploitation. Meaningful participation is necessary. Women in all their diversity (CSO, with feminist approaches and gender equality) must be involved.

After the three speakers ended their interventions, the moderator **Hon. Gabriela Cuevas** gave the floor to the MPs to share their experience of the impact of the COVID-19 pandemic on women.

Honorable Mariam Jashi underlined that vulnerable communities must effectively be protected during pandemics. Honorable Jashi mentioned three aspects from the pandemic impact, gender equity, and human rights perspective. Firstly, the pandemic has negatively impacted other treatments. Earlier programs for HIV, TB, and malaria were compromised. It is crucial to have a human-centred and integrated approach. Then, over 70% of the health workforce are women. Due to limited equipment women were more exposed to risk, so it is necessary to make sure that the rights of women medical forces are met. Thirdly, the COVID-19 pandemic is a test for democracies. For countries with still fragile democratic institutions, it was a challenging period. Medical doctors and politicians share a special responsibility to ensure those rights are guaranteed.

The next intervention was made by **Honorable Jeremy Lefroy** who explained that the Global Fund is an excellent organisation, which includes in its mandate neglected tropical diseases. It would be interesting to think about an expansion of the Global Fund's mandate to include other diseases. During the COVID-19 there was a lack of access to treatments. More health workforces need to be trained and access to healthcare should be guaranteed to everyone, especially by implementing universal health coverage (UHC) measures.

Honorable Prof. Dr. MH Millat described how natural and human disasters co-exist. We are just recovering from the COVID-19 pandemic, and we are already facing a war between Russia and Ukraine which impacts the world from an economic, social and health perspective. Also, everybody should have equal access to treatments and the right to be vaccinated. Finally, developing countries need to invest more in healthcare systems and infrastructure.

Honorable Daniel Molokela was a champion for UHC before becoming an MP.

In Africa in general, countries are doing their best to make sure everyone has access to quality healthcare. We need to act together as Parliamentarians and as policymakers to make sure women are protected.

Honorable Akua Sena Dansua described how MPs are expected to be superhumans, to solve all the problems. But MPs face opposition. Honorable Dansua called for a strong partnership between MPs, CSOs and media because when these actors are strong, no matter how the government is, they act as stronger advocates. Also, in the context of the negotiation of the new agreement, we need strong accountability mechanisms, so that governments that do not meet the expectations are reported. MPs in various countries should ensure strong accountability so that leaders can be held responsible for their actions.

Honorable Ruth Labode stated that the harm reduction subject is still being ignored and not put on the table as it should be. It should be explained through community dialogue. Partners and communities need to work together.

Honorable Amar Patnaik described how supplies should have been given to the population during the COVID-19 pandemic. Women need to be more protected to prevent additional pressures that appeared during the COVID-19 pandemic. Children are also much more affected. We must think about decentralisation to allow local communities to take charge of the issues.

After MPs expressed their perspectives and shared their experiences, the moderator **Honorable Cuevas** closed the session by stating that MPs are a key bridge between civil society and power centres such as governments. It is essential we do not lose the gender perspective as it happened during the pandemic. Therefore, MPs must be empowered by civil society to fight these current issues and fight for those rights.

To conclude, communities need to be taken care of because otherwise the legislation will not be sufficient to make a change at the local level. To achieve this, the involvement of parliamentarians is necessary.

Finally, the UNITE secretariat will follow-up with a communication toolkit including a press release and a banner. The report will be sent after the event.