

# **A Brief Summary on the Activities of Gender, Justice and Health Thematic Circle**

*Feb 2019-Jan 2020*



**Report prepared by:**  
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**Gender, Justice and Health Thematic Group**



*People's Health Movement (PHM)*

With support from Sama Resource Group for Women and Health (PHM Member)

## Introduction

The prevailing social, economic and political contexts across countries and global regions are increasingly impinging on gender justice, health and human rights. At the same time, there has been a rising - a visible resistance by diverse people, communities, organisations in various spaces. The gender circle occupies such a space - iterates solidarity, provides opportunities for collective and creative strategising, learning and sharing through its exchanges, conversations. The efforts through this circle should be to build a strong discussion on gender within this space and also ensure that how the aspect of gender could also be posed within the other thematic group discussions simultaneously going on.

The thematic circle was formed in November, 2018 during People's Health Assembly 4 (PHA4) in Dhaka, Bangladesh. The objective of the thematic circle as a campaign is to build alliances and solidarity with women's groups and movements with PHM country circles and networks and to share feminist readings and training resources for PHM activists reinforcing that patriarchy is central. In the beginning an invitation was sent out to interested organisations and individuals and was posted on PHM Digest towards building a forum for collective understanding on gender, justice and health. An overwhelming response was received for contributing and becoming part of the thematic circle. During PHA4 a session was held on gender justice and universal health rights to ensure health struggles display commitment to gender justice.

### I. Statement on Access to Safe, Quality and Legal Abortion

A statement on access to safe, quality and legal abortion that emerged following People's Health Assembly 4 (PHA 4) was shared with PHM network and requested the regional chapters to share about access to abortion in their countries/ regions and struggles that they are involved in as part of PHM and other networks and movements. Members of the gender circle were also requested to translate the statement into local languages to help build solidarity, strengthen networks and the PHM campaign for access to abortion. The statement is attached as **Annexure 1**.

### II. Statement on Sexual Harassment

After PHA 4, PHM Global received a complaint of sexual harassment from a participant of the Assembly; although she chose not to make a formal complaint during that time, however it was filed after PHA. A statement was prepared by Gender thematic circle as one of the steps to support those who experienced sexual harassment in Savar, but also to reinforce PHM's mandate and commitment against sexual harassment and all forms of gender based violence at varied levels. PHM members were requested to translate and disseminate the statement widely. The statement is attached as **Annexure 2**. Below is an email of appreciation from Shehnaz Munshi.

*Thank you for sending this, it is important for PHM to lead by example  
in solidarity,  
Shehnaz Munshi*

### III. Participation and contribution to the ongoing Events:

**a. International Women's Day (IWD)**

On the International Women's Day on March 8th 2019 the Gender Circle and PHM sent a call to iterate and celebrate the global solidarity of women's movements and speak out for the rights of all women. Towards the request to share messages, posters, pictures, videos, links to the March 8<sup>th</sup> events PHM partner organisations, networks, countries, and regions, many responded and shared their initiatives in the region. In response to the email Marta Jiménez shared update and newspaper links that covered March 8<sup>th</sup> demonstration. The email sent and posters shared by members are attached as **Annexure 3**.

*Dear all,*  
*hope you had an empowering 8M in all your countries;) I have seen pictures from a lot of countries (Bangladesh, India, etc) and its just wonderful and very motivating to see all women struggleing together.*  
*Attach the link to scientific Journal **The Lancet** that made an special Volumen called "Advancing women in science, medicine and global health" that you probable have already seen but just in case [https://www.thelancet.com/journals/lancet/issue/vol393no10171/PIIS0140-6736\(19\)X0006-9](https://www.thelancet.com/journals/lancet/issue/vol393no10171/PIIS0140-6736(19)X0006-9). Some women that we are all related with health in some way (activist, health professionals, health researchers) have translated all the articles and comment them (in spanish), I share the link to it <https://lacabecera.org/> **The feminist Lancet**, as we have named.*  
*Regarding pictures of the 8M in Spain, I share some links to some newspaper that covered the big demonstrations. In Madrid (350.000 people: <https://www.elsaltodiario.com/huelga-feminista/imagenes-8-marzo-2019-madrid> , In Spain [https://elpais.com/elpais/2019/03/08/album/1552026101\\_893268.html](https://elpais.com/elpais/2019/03/08/album/1552026101_893268.html) As last year n Spain it was proposed and **strike at work but also for students, care and consumption**.*  
*Hugs and sorority from Spain dear colleagues,*  
*Marta Jimenez*

**b. Announcements and reminders**

The announcements and reminders related to conferences such as Women Deliver in Vancouver, Reconference in Nepal, COPASAH in New Delhi, Asia Pacific Beijing+25 Regional CSO Forum in Bangkok, Community Health Worker Symposium in Bangladesh, HLM on UHC in Geneva and ICPD 25 Nairobi Summit and 63<sup>rd</sup> Commission on Status of Women (CSW) in New York were shared with the regions. An email response from a member thanking for the information is below.

*Lastly, I want to say my thanks to the PHM circle, the mail from Gender Justice Thematic Group informed me the chance to apply for the global CSO meeting for the women's health. Wish to contribute to the circle in someday later on.*

*Best Regards,*

*Saerom*

*Saerom Kim, MD., MPH., Ph.D.*

*Communication coordinator, People's Health Movement (PHM) Korea*

*Director, Gender and Health Research Center, People's Health Institute (PHI) South Korea*

The thematic circle also shared Statements from other groups and networks for reference and endorsements on strengthening commitments in Asian region by Asia Pacific collectives for 'Youth and SDG' and statement to call for strengthening voices on safe abortion. PopDev and

collaborators invited to sign-on to [A Renewed Call for Feminist Resistance to Population Control](#) prior to the ICPD25 recognising and challenging population control in the era of climate change promoting social justice approach to health and environmental problems.

*Following Sarojini's email (below), kindly include me as a supporter for the "Renewed Call for Feminist Resistance to Population Control".*

*My information is below:*

*Ravi M. Ram, Health Researcher and Evaluator, People's Health Movement, Nairobi, Kenya*

#### **IV. Funding and networking opportunities**

For the purpose of mobilising funds/ financial support for PHM, particularly in the area of gender justice and health, efforts were made to conceptualise and incorporate activities as part of proposals and budgets; for example, based on the need for an IPHU on gender and health in the Africa region, a proposal for the same was drafted and discussed with interested donors.

Also donors were identified and meetings and follow up were coordinated with them in New York (along with Hani) in September 2019 towards mobilising support for PHM overall or for specific regional chapters of the PHM as per the interest of the particular donor(s). Further funding opportunities are to be explored during Association for Women's Rights in Development (AWID), Women's Fund Asia and Red Umbrella Fund for the thematic circle activities.

#### **V. Announcements of resources and contribution to resources**

Resources are shared on a regular basis with requests for responses, feedback from thematic circle members. The information related to academic papers, reports like the PHA4 Declaration and PHM Annual Report 2018 along with papers on *Confronting populationism: Feminist challenges to population control in the era of climate change*, *From Primary health care to universal health coverage – one step forward and two steps back*, *Governing for Health: Advancing Health and Equity through Policy and Advocacy* and *booklet on Struggles for Health: An Emancipatory Approach in the Era of Neoliberal Globalization* were shared.

An Action plan was also suggested to the group members that include podcast and blog posts on various issues of Sexual and Reproductive Health and Rights, Right to Safe Abortion, Conflict and Health, Mental Health, Disability and Sexual Health, Migration and women's health, issues related to Women Health Workforce, etc. An email dated September 14<sup>th</sup> 2019 is attached as **Annexure 4** for reference.

#### **VI. Follow up on IPHU of Savar, Bangladesh**

Some participants like Melanie, Peninah, Suresh Shah and JSA India representatives also initiated workshops on gender and health in their regions. A meeting with the IPHU alumni was held in Nepal. Some of the participants met with Sarojini and Gargi from Sama in Kathmandu, Nepal in April 2019 and shared their work in the area of gender and public health. They were very happy to help with processes towards the IPHU in Nepal.



An informal gathering in October 2019 with some of the IPHU participants from Bangladesh, Africa, and the PHM members from US, Nepal, Africa, India, Europe over dinner in Delhi provided an opportunity to interact with members of PHM and also activists from India.



## **VII. High Level Meeting (HLM) on Universal Health Coverage (UHC)**

The UN High-Level Meeting (UN HLM) on Universal Health Coverage (UHC 2030) took place on September 23<sup>rd</sup> 2019 during the United Nations General Assembly (UNGA) high-level week. More fundamentally, the focus on “coverage” and not “care” has been a serious concern expressed by various organisations including the PHM. Further, within the UHC framework, the health needs of marginalised groups were not featured. Similarly, forced migration, conflict, gender violence, and climate injustice, whose impact on health outcomes is well established, were not adequately addressed. Rather than focus on the “causes of the causes” for example, of environmental issues, it merely talked about mitigating their consequences.

Inputs were also provided to the political declaration in the process of its finalisation. For example, paragraphs 68, 69 on SRHR and 70 and 71 on UHC for vulnerable groups, migration, etc. were extremely contested and the sustained push back and advocacy by organisations was necessary to avoid further dilution and compromise of content and language.





A protest march was held post HLM on 23<sup>rd</sup> evening co-organised by People’s Health Movement (PHM), Sama, Medicus Mundi International, Partners in Health, where speakers highlighted the concerns regarding the UHC 2030 agenda demanding for universal health care with focus on equity, social justice and health rights.



**a. A civil society assessment of the political declaration of the UN High Level Meeting on Universal Health Coverage**

The People’s Health Movement (PHM), Sama, Medicus Mundi International, Partners in Health issued a statement articulating concerns about the Declaration prior to its acceptance on the September 23<sup>rd</sup> 2019. The statement flagged the inadequate definitions of health care and health care access, which permits variable interpretations; for example, the emphasis of the Declaration on “nationally determined sets” of health services, which may imply a limited set of services rather than articulation of access to health care as an entitlement. Other concerns about a dominant discourse of UHC favouring market based neoliberal reforms, were raised by the statement in the [link](#) and attached as **Annexure 5**.

### **VIII. ICPD+25 Nairobi Summit, Kenya**

On November 12-14 2019, public health professionals, activists, academics and community members, along with government officials and donor representatives, converged in Nairobi for the ICPD+25 Nairobi Summit. The Summit focused on promoting comprehensive SRHR, including ending all forms of gender-based violence and harmful practices, against the criminalisation of abortion and abortion-related violations, which amount to inhumane and degrading treatment of women, etc. In the midst of substantial opposition from fundamentalist groups, anti-SRHR and abortion/ pro-life campaigners through parallel events, protests, etc, this global summit was convened at Nairobi. 25 years since the commitment of member States at Cairo in 1994, there continues to be strong opposition to SRHR.

However, the Nairobi Summit did not adequately make the very critical connections with development and largely ignored the structural determinants of SRHR, the political economy of health. Even within the limited scope of sexual and reproductive health, the structural inequalities, free and comprehensive, quality services for reproductive and sexual health, regulation of commercialised and profit oriented private health sector, were completely ignored. The positive outcome of the Summit was the large representation of young people and spaces for highlighting the issues related to disability and young people's rights.

#### **VIII.A. Meeting with PHM Kenya members in Nairobi**

A PHM side meeting was organised during the ICPD+25 Nairobi Summit outside the conference venue on November 12, 2019. This meeting led by Ravi Ram, Peninah of PHM Kenya and Sarojini N of PHM India, Adsa Fatima from JSA/Sama who was attending the Summit, discussed the SRHR agenda. Sarojini N briefed everyone on the Summit proceedings and commitments, and the group deliberated on how to take forward and consolidate these critiques and advocacy as part of PHM. This meeting also provided an opportunity to discuss PHM activities in Kenya and how to strengthen the gender component and network with other organisations, including exploring funding opportunities



#### **VIII.B. Announcement translation**

Pacome T from Africa translated the information into French and shared them with the regional groups. The snapshot of translation for ICPD25 is attached as **Annexure 6**.

## IX. 16 Days of Activism

While activism against GBV is imperative 365 days of the year, the 16 days (25 November – 10 December) every year, provide an opportunity to focus and amplify our collective activism and solidarity. The dates selected for the campaign are significant given that November 25<sup>th</sup> is the International Day of Violence Against Women and 10<sup>th</sup> December is the International Human Rights Day, which reinforces gender based violence as a human rights issue. The 16 days of activism campaign was launched by the Centre for Women's Global Leadership in 1991 with feminists from Global North and South towards the elimination of all forms of gender based violence against women. In 2019, the central aim was to mobilise across movements to collectively take action in advancing ratification and implementation of [Violence and Harassment Convention, 2019](#) and [Violence and Harassment Recommendation, 2019](#).

The Thematic Circle joined this global campaign and shared audio and video messages and posters or pictures. It was also during this time that PHM East and Southern Africa released a [statement](#) on GBV showing solidarity with women, girls, queer community and urging governments to take steps to end violence following various international obligations including CEDAW. Maria Hamlin Zumiga shared that many activities are happening in their region.

*Thank you so much Sarojini.  
There are many activities in our region so I will try to send some info and photos of the variety of them later in December.  
Looking forward to seeing you in Bangkok and sharing personally.  
Salud,  
Maria*

Erika from Ecuador during the update sharing on September 14<sup>th</sup> 2019 shared videos debating on feminism and left ideology in regional context.

*Hi,  
Thanks for the update in the gender theme.  
In Ecuador we do have a series of videos (in Spanish) debating feminism and the left (marxism/ trans feminism) here- in our Ecuadorian context where abortion is discussed in the National Assembly. Here I share the links in case you feel they can be included (SPANISH).  
Cheers,  
Erika  
PD: If the videos are of interest I can regularly update - Transfeminism is the one that is under editing now.  
(Context) <https://youtu.be/-W774mcltzs>  
(feminisms- popular feminisms) <https://youtu.be/1W4STd6sjr0>  
( Distribution of reSources from Federal Government / State governments)  
<https://youtu.be/RT6UVEp5D0E> (Portuguese- Video in Alliance with CEBES)  
(popular feminisms- as opposed to western ones) <https://youtu.be/u4Jn3M6GHvk>  
Abortion debate and why progressive governments have not supported women rights- thus leaving people to think that the right wing is more liberal. <https://youtu.be/m1pPA20hvAw>*

## X. Committee Against Sexual Harassment (CASH)

The thematic group also initiated formation of the Committee Against Sexual Harassment (CASH) within PHM following complaints of sexual harassment reported during PHM global events. The Committee comprises of 5 members with a mandate to redress any complaints of sexual harassment experienced in the course of events and activities organised or co-organised by the PHM as well as to



build awareness and strengthen actions to prevent sexual harassment. A detailed draft on the CASH has been prepared and will be presented at PHM SC meeting in Bangkok. The draft guidelines for the Committee are attached as **Annexure 7**.

**XI. Contribution to Global Health Watch 6 on Gender, Discriminations and Inequalities as cross cutting theme**

A significant contribution was made towards Global Health Watch 6 through the drafting of a concept note and ensuring a dedicated section on gender and intersectionality under the theme of “Challenging roots of conflict, discrimination, exclusion”. It was emphasised that gender must be part of the Global Political and Economic Architecture, health systems beyond health care and all papers/articles on PHC/UHC, NCDs, environment/ climate change, war, conflict, mental health care, etc. should reflect analysis of gender and other intersectional axes of marginalisation. Also, the contributors of papers to GHW 6 were suggested and an overview was prepared for the contributors to enable representation of issues from an intersectional lens.



**XII. IPHU Nepal**

The thematic circle continues to share resources and information about upcoming conferences, meetings relevant to the group towards building perspective and engagement as PHM and as PHM members, and strengthening the capacity of its members as part of PHM. For example, for the IPHU on the “Struggle towards Equity in Health”, gender equity and its intersections with other axes leading to inequities, were central in conceptualising the course (concept note) as well as through the programme sessions.

**XIII. PHA 4 Declaration**

Sarojini, Deepa and Chiara with inputs from David Sanders, worked on the Declaration that emerged from People’s Health Assembly 4 in Savar, Bangladesh. This was translated into other languages and was shared widely through PHM [website](#).

**XIV. Contribution to WHO Watch**

Sama provided inputs to the PHM commentary on Progress Reports submitted for consideration by World Health Assembly (WHA), specifically for WHA 72 in 2019 on Strategy for integrating gender analysis

**XV. Conclusion**

The objective of this thematic group is to foreground gender in the larger discourses on health, issues related to health and healthcare. The Gender Justice thematic group made an effort to include the vision of People’s health movement by- informing the PHM mandate and the campaign for Health For All and vis-à-vis gender in its work. This also became a platform to articulate our concerns as well as to share and learn from each other the creative struggles waged by people, especially by women,

against injustice and inequality. The thematic group received an overwhelming response from PHM members and continues to receive requests to be part of the circle from different regions. In a span of one year, the thematic group was able to learn and share about ongoing movements and advocacy actions across PHM regions. The members appreciated the resources shared and recognised the need to share updates, announcements and resources continually, which is beneficial for organisations who are PHM members as well as for broadening PHM's perspectives and engagement through learning from the experience and strategies followed by its members. In terms of outreach WGNRR, ARROW, CRR, SANGAT, CWGL, and many other larger feminist networks expressed their interest to be a part of gender thematic circle and they were regularly updated about PHM activities not limiting to Gender related campaigns.

There is, however, a need for more creative spaces for interaction with circle members which is expected to happen in the upcoming months. PHM website should create space for the Thematic groups and the ongoing activities can be uploaded including the reports/photographs/podcasts/webinars. It is very crucial for PHM to make sure that gender becomes an integral part of all thematic groups, even if there is a separate thematic group on gender. It will be useful to have regular communication/updates from the SC of PHM as the thematic coordinators are not a part of the governance structure. It will also be useful if the SC and Secretariat regularly share the upcoming events, IPHUs and other related activities with the other thematic groups – not only about events organised/hosted by PHM, but also those by other coalition members – so that we can share/inform/participate/provide inputs into those initiatives.

All the thematic groups together under the umbrella of Health for ALL, can strategise for a better world that is founded on social justice, non-discrimination and equal opportunity for all people.

#### **XVI. Dr. Amit Sengupta and Dr. David Sanders**

The report will be incomplete without mentioning the loss of Dr. Amit and Dr. David and their vision for the movement. Camila Giugliani from Brazil requested Sarojini N. to contribute a tribute to Dr. Amit and Dr. David for a special issue of the journal 'Saúde em Debate'. Dr. Amit, with whom Sama/Sarojini regularly interacted and worked with, was also keen to ensure that a gender and intersectionality lens and analysis becomes central to the PHM activities through sustained engagement and strengthening capacities within the PHM.



**Acknowledgment:** Abhiti Gupta from Sama for her help in putting together the report and Deepa Venkatachalam (JSA/Sama) for her inputs.

## ANNEXURE 1

### **Statement on access to safe, quality and legal abortion Peoples Health Movement (PHM)**

**Following on the fourth People's Health Assembly (PHA) of the global People's Health Movement (PHM) concluded in Savar, Bangladesh on 19 November 2019,** the PHM reiterates girls' and women's rights to health and life, to equality, and sexual and reproductive autonomy. The PHM stands in solidarity with the struggles in countries around the world where the right to abortion is banned, restricted or access to safe and quality abortion care, inaccessible.

As of 2017, 26 countries, including Iraq, Egypt, Philippines, Nicaragua ban abortion altogether, regardless of the consequences to the woman's health, and even if it is a result of rape or incest; 37 other countries, including Brazil, Mexico, Nigeria, Indonesia, UAE, permit abortion only if it is perceived as necessary to save the life of the woman. Thirty six and twenty four countries allow abortion only if it is necessary to protect the woman's physical and mental health respectively (Singh S et al 2017).

Overall, only 37% of the world's 1.64 billion women of reproductive age live in countries where abortion is permitted without restriction. Although a progressive legal mandate alone does not ensure access, it is an important first step towards the availability of safe and legal abortion services. However, even in countries where abortion is broadly legal, the limited provision of affordable services is a barrier to the access of safe abortion. Moreover, prevalent stigma, patriarchal and other biases, a poorly functioning health system impact the provision of abortion services (Singh S et al 2017). For example, despite India's broadly legal status, the absence of adequate numbers of trained, legally registered health care providers throughout the country and the necessary facilities continue to pose significant challenges to those accessing abortion care. Moreover, evidence points to the abysmal access to information and knowledge about the legal provisions amongst girls and women, as well as among health care providers, often compromising access to abortion care (Nadimpally et al 2017). Thus, along with legal provisions, their Implementation towards safe, quality abortion services, and post abortion care is critical to girls and women's health and lives. Full implementation of the law towards comprehensive access to safe, quality abortion care, regardless of girls and women's ability to pay is necessary.

During 2010-2017, the proportion of unsafe abortions was significantly higher in developing countries at 49.5% compared to 12.5% in developed countries, with the higher proportion of unsafe abortions coinciding with countries having highly restrictive abortion laws than in those with less restrictive laws (Ganatra, B et al 2017). An estimated 30 women die from every 100 000 unsafe abortions. That number rises to 220 deaths per 100 000 unsafe abortions in developing regions and 520 deaths per 100 000 unsafe abortions in sub-Saharan Africa (WHO 2011), an indication also of global inequities in health and health care. The World Health Organisation (WHO) estimates that 7 million women are hospitalised each year in developing countries as a result of unsafe abortions, and between 4% and 13% of maternal deaths in the world stem from abortions performed under precarious conditions, concentrated in poor countries.

One such avoidable and tragic death was that of Savita Halappanavar, a woman of Indian origin, who died of septicemia that resulted from denial of medical care following a miscarriage in Ireland. Her death rekindled the movement in Ireland and in 2018, Ireland changed its abortion law, becoming part of the group of about 28 countries that have changed their abortion law since 2000, most of them expanding legal grounds to access abortions more widely.

However, there is a need to be vigilant about the gradual shifts, which are visible in several countries including the United States, Poland, China, and others towards regressive laws. Further, the imposition of the Global Gag Rule affects access sexual and reproductive rights globally and also threatens access to safe abortion services, pushing women to seek unsafe abortions that places their health and lives at great risk (The Guardian 2017).<sup>[5]</sup>

This, despite the recognition of the right to safe abortion by the international Human Rights Instruments such as the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Committee the Committee on the Rights of the Child (CRC). The UN Committee Against Torture reinforces that the denial of safe abortion services—especially with regard to sexual violence, incest, and foetal abnormalities— and the consequent forced carrying to term of these pregnancies, as a form of torture (ARROW 2018).

The year 2018 was historic in the context of abortion, with the referendum in Ireland in May overwhelmingly asserting legal reform. Following this, in June, millions of Argentinians stormed the streets in support of a Bill to legalise abortion in the first 14 weeks of pregnancy. Unfortunately, however, the Bill was defeated by a very narrow margin by the Senate, disregarding the tremendous public support for it.

The waves of green created by the green bandanas by the people of Argentina, remains a symbol of resistance and a strengthened movement for the right to abortion in the country as well as globally.

**The PHM stands in solidarity with ongoing struggles and campaigns around the world and reiterates its commitment to sustained advocacy for the access to safe, quality and legal abortion. Recognition of the right to safe quality abortion as a human right of all women and girls is urgent and necessary towards fulfilling the rights to their health and lives.**

## **References**

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Ganatra, B. et al. (2017) *Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model*, *Lancet*. Available at <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31794-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext)>

ARROW for Change (2018) *The Right to Choose*, Vol 24, No. 1 2018. ARROW

World Health Organisation (2011) Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. – 6<sup>th</sup> ed.

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[4]<http://www.who.int/mediacentre/factsheets/fs388/en/>

[5]<https://www.theguardian.com/world/2017/jan/23/trump-abortion-gag-rule-international-ngo-funding>

[6]<https://www.theguardian.com/world/2017/jan/23/trump-abortion-gag-rule-international-ngo-funding>

[7]<https://www.pri.org/stories/2016-01-28/zika-virus-has-reignited-brazil-s-abortion-debate-0>

[8][http://www.huffingtonpost.com/entry/poland-abortion-protest\\_us\\_57fced3ae4b068ecb5e1af88](http://www.huffingtonpost.com/entry/poland-abortion-protest_us_57fced3ae4b068ecb5e1af88)

[9]<https://mic.com/articles/180798/poland-makes-emergency-contraception-a-prescription-only-drug-even-for-rape-survivors#.yp2r9qlob>



**Statement from the People's Health Movement (PHM) against Sexual Harassment**

We, the People's Health Movement (PHM), are deeply distressed and concerned about the complaints of sexual harassment from a few women colleagues attending the fourth People's Health Assembly in Savar, Bangladesh. The pervasiveness of sexual harassment indicates the distance that remains to be traversed towards achieving equality, justice, and the creation of safe convening, working, and living environments. As the PHM, our goal of Health for All encompasses all of these and we stand united in condemning all sexual harassment and violence.

There is often an assumption that spaces populated by progressive movements, networks and organisations are free of incidents of sexual harassment but clearly that is not the case. We also perceive sexual harassment as a serious flaw in our efforts to organise the Assembly in an environment that respects women and enables participants, who experience sexual harassment to report it without fear or judgement. Reflecting on the Assembly which was held in the midst of local political crisis (shifting the Assembly venue overnight, and other VISA related crises etc.), we admit that mechanisms to report and respond to incidents of sexual harassment were not in place.

We salute the courage of those, who have faced sexual harassment have called out the perpetrators of harassment at the Assembly; we extend our wholehearted support to them and express our deep sense of shock at the impunity these men have availed of. We stand by all those who have experienced sexual harassment and violence in their lives and implore all organisations, networks, individuals who are part of the PHM and other progressive movements to strongly denounce such acts and behaviour. We unequivocally share their concerns and support their complaints and follow up action towards justice.

The deep nexus between power, inequalities and male hegemony in normalising and condoning sexual harassment and sexual violence must be confronted and eliminated. We extend our full, unconditional support and solidarity with all survivors and firmly commit to undertake urgent measures within PHM (at country, regional and global levels) to end sexual harassment, violence and impunity.

**The email shared with PHM network is below:**

Dear friends,

Women's Day is almost here!

It's time once again for us to raise our voices against anti-women forces, to celebrate the strength and power of collective action to reclaim our rights to equality, to expression, to be free from discrimination and violence.

Please do share messages, posters, pictures, videos, links to the March 8<sup>th</sup> events in your organisation, networks, countries and regions. These can be shared on this group – we are also exploring possibilities with Anneleen from the PHM Global Secretariat for creating a space on the PHM website for the same.

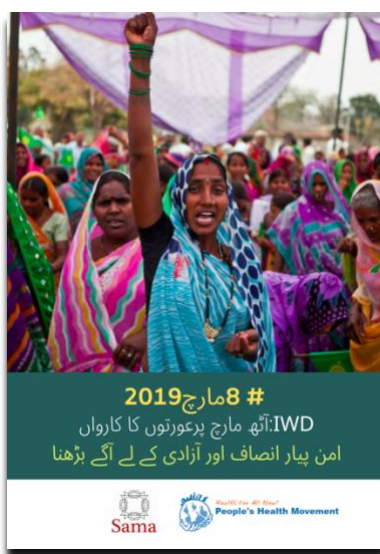
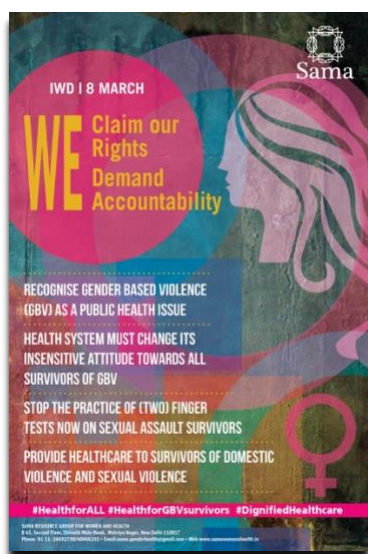
We are planning a day of placard and poster making. We are sharing our poster that we have created for the occasion. Do share with your colleagues and networks, and send us a poster or a slogan in your language.

Looking forward to receiving your contributions!

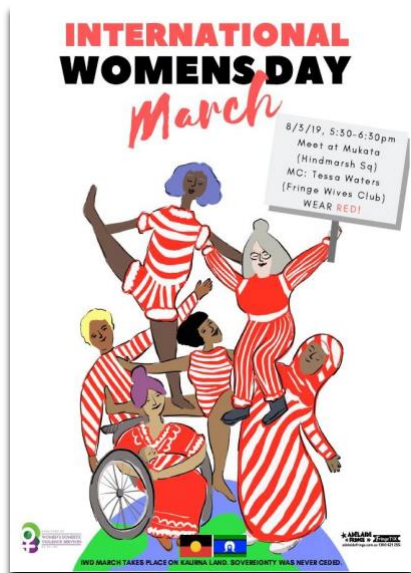
Zindabad! Long live women's solidarity!

Sarojini and Deepa

(on behalf of Gender Thematic Circle)



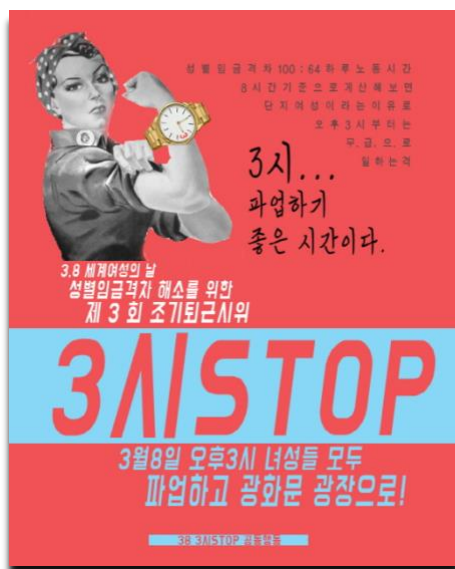
Some of the responses were received with posters added below:



From Connie Musolino (Australia)



From Ana Vračar (Croatia), banner translated as “Fighting Loud”



From Sun Kim made by Korean Women Workers Association that did “3 o’clock STOP” demonstration against the gender wage gap.



From Sun Kim made by Korean Confederation of Trade Unions (Korea) translated as:

Elimination of gender discrimination, Elimination of gender wage gap, Change contract workers to regular workers without any sex/gender discrimination, Elimination of gender violence and harassment in the workplace, Give the real right to be a member of the trade union for all workers

## Email dated September 14<sup>th</sup> 2019 with announcements and action plan

Dear All,

Greetings from PHM Gender Justice Thematic Group!

As we progress towards streamlining the Gender Justice Thematic Group as part of People's Health Movement's campaign, we take a moment to honor our departed comrades Dr. Amit Sengupta and Prof. David Sanders. They were the founding members of the People's Health Movement (PHM), and their dedication and commitment to the movement continue to shape and inspire us all. With their untimely passing, the baton has been passed to us to continue the work they had initiated on the realization of the goal of "Health for all," with renewed zeal and commitment. Their contribution to the PHM is enormous and this initiative is one part of it.

Through this, we intend to continue sharing opportunities for participation/ representation, publications and other resources towards building perspective and understanding on Gender Justice and Health that formally began with the 4<sup>th</sup> People Health Assembly. These events present vital opportunities to engage with national, regional and international organisations and institutions on public health concerns, and influence international health and development policy.

We are pleased to share with you some of the upcoming international events and conferences that will benefit from your participation. In the same spirit, we encourage you to share with us and this group, other opportunities – whether at your country level, regional level or other global platforms – for us to participate and make interventions. Though these are mainly global level events, we would like to emphasise that there may be many regional, local and national level activities and events which might be focusing on Gender, health and equity and justice issues. Since we are not familiar with all the regional level and local level, please do share with us the details.

### The upcoming events at international platforms

#### 1. UN High Level Meeting on Universal Health Coverage | New York, USA

The **UN High Level Meeting on Universal Health Coverage** (UN-HLM) will take place on **23 September, 2019** during United Nations General Assembly high level week in New York. The theme for UN-HLM is "Universal Health Coverage: Moving Together to Build a Healthier World". It is an opportunity to mobilise high-level political attention on this theme globally and in our respective countries. A political declaration has been prepared, <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/09/UHC-HLM-silence-procedure.pdf> which is to be adopted at the meeting, but there are concerns about specific commitments and proposed actions in the declaration that need to be raised. Some of the concerns are related to the shifting of focus from primary health care to financing of curative healthcare services; suggestion of committing an additional 1% GDP towards health budget to support UHC, which is unfair for countries with different healthcare needs and public health expenditure; and the increasing involvement of the private sector in development of policies related to health and social welfare; and no mention about sexual and reproductive health. The language will not only jeopardize the health and rights of girls, women, and marginalized populations everywhere, but will also undermine the very goal of Universal Health 'Coverage' —

to reach all people with the quality health services they need, without financial and other hardships that pose barriers to access. We will soon share the Assessment of Political Declaration by PHM and other groups

2. **Call to Engage in the Asia Pacific Beijing+25 Regional CSO Forum | Bangkok, Thailand**

With the support of UN Women's Regional Office for Asia and the Pacific, the Asia-Pacific Beijing+25 Civil Society Steering Committee is organizing the Regional CSO Forum in November 2019. Unfortunately, the registration date for attending the Forum has passed, but if you wish to apply for conducting workshops and to propose performance and solidarity action, the **last date to apply is 23 September, 2019**.

**Link to access information:** <https://asiapacific.unwomen.org/en/news-and-events/events/2019/11/beijing-25-regional-cso-forum#view>

3. **COPASH Global Symposium (COPGS) | New Delhi, India**

The Community of Practitioners on Accountability and Social Action in Health (COPASH), a global community of practitioners that came together to learn and share community-led practices around accountability and health governance, is organizing a Global Symposium from **15 to 18 October, 2019** in India with the theme of “**Leaving No One Behind: Strengthening Community Centred Health System for Achieving Sustainable Development Goals.**” Registration can be done between **1 September, 2019 and 14 October, 2019**.

**Link to access information:** <http://www.copasahglobalsymposium2019.net/>

4. **Nairobi Summit on ICPD25 | Nairobi, Kenya**

5. To mark 25 years of International Conference on Population and Development (ICPD) in Cairo, a high-level conference is being organized **from 12 to 14 November, 2019**, to mobilize the political will and financial commitments needed to fully implement the ICPD Programme of Action.

6. An alternative statement has been prepared by leading organizations and networks in India, raising concerns over the re-emergence of population regulation discourse and disincentives; diverting funds from an already inadequate Health Budget; unregulated private sector indulging in unethical practices; need for comprehensive sexuality education; rights of LGBTI, persons with disability, sex workers; malnutrition among tribal population; and other issues.

**Link to access information:** <https://www.nairobisummiticpd.org/>

7. **Community Health Worker (CHW) Symposium 2019 | Dhaka, Bangladesh**

The 2<sup>nd</sup> International Symposium on Community Health Workers will be held between 22 and 24 November, 2019, in Bangladesh. The local and international community engaged in research/policy making on CHWs should attend the symposium to formulate strategic pathways for better community healthcare programmes for prevention and control of Non-Communicable Diseases. The last date for early bird registration is **30 September, 2019**.

**Link to access information:** <http://chwsymposium2019.icddr.org/>

**II. We are happy to share with you some of the recent publications and resources on the public health movement, population discourse and other concerns:**

1. **Declaration of the 4th People's Health Assembly (PHA4)** – The declaration is inspired by the memory and work of Dr. Amit Sengupta. It is primarily based on six thematic working groups with a vision of equity, ecological sustainability and health for all, with a view to build capacities and strengthen alliances. This includes themes of Gender Justice and Health, Environment and



Ecosystem, Food and Food sovereignty, Trade and Health, Equitable Health System and War and Conflict, Occupation and Forced Migration. You can access the declaration in six languages at <https://phmovement.org/declaration-pha4/>.

2. **People's Health Movement Annual Report 2018** – The Annual Report of 2018 highlights the regional activities as well as global engagements. You can get the copy of report at <https://phmovement.org/wp-content/uploads/2019/08/2019-08-02-2018-Annual-report-final-compressed.pdf>.
3. **Confronting populationism: Feminist challenges to population control in the era of climate change** – The paper talks about three forms of populationism named Demo-populationsim, Geo-populationism and Bio-populationism mobilizing feminist challenge to the present manifestations of population control. There is a constant prevalence of population control ideology and population alarmism in sustainable development and climate change policy, which the paper challenges, and links population reduction with climate change adaptation and mitigation, and the survival of the planet.
4. **From Primary health care to universal health coverage – one step forward and two steps back** – The commentary gives an insight on the historicity of Primary Health Care (PHC) locating it from Alma Ata Conference giving emphasis on establishment of a New International Economic Order (NIEO) based on the rights of people under colonial domination. It looks at the insurance based models of Universal Health Coverage which negatively affect the funding for PHC and other public health programmes, and the Declaration of Astana in 2018 that confines health sector to a restricted role.
5. **Struggles for Health: An Emancipatory Approach in the Era of Neoliberal Globalization** – The booklet has its origin in a meeting in autumn 2016, attended by over thirty activists, researchers and health professionals from Africa, Latin America, Asia, Europe and North America. After intensive discussions and debates the meeting concluded unanimously that the struggle for health is a political struggle which challenges the fundamental practices of our society and the trends which shape them.
6. **Governing for Health: Advancing Health and Equity through Policy and Advocacy, Fran Baum** Argues that the dominance of economics in contemporary government and politics is a threat to the sustainability of human life on planet earth and offers examples of practical measures to change the way we measure progress, how we plan our cities, maintain strong public sectors, and promote a low-carbon economy - all as signposts to toward healthier, sustainable, and more equitable societies Includes innovative "well-being manifesto" — a guide for politicians who want to govern for health and equity.
7. Sama Resource Group for Women and Health has developed a [trailer](#) of the film “**Can we see the baby bump please**”. The 49-minute film, directed by Surabhi Sharma and produced by Sama, brings out the complex contested terrains of commercial surrogacy in India that can be relevant to other countries as well.

**These resources represent a small fraction of the enormous amount of work being done globally on public health, equity etc. Please do share if you come across any interesting article/essay/film/documentary/poem/poster on the theme.**

Do share any other resources and publications that would help us all to build our knowledge base, learn about exciting new developments and successes in the theory and practice of public health, gender and equip us with knowledge about emerging challenges.

### **III. Action Plans**

To strengthen regional chapters on Gender Justice Thematic group and have more spaces for regular and interactive conversations on health, its determinants and other related issues, we would like to propose the following media and themes to take it forward.

1. A series of podcasts or webinars on:
  - a. Before commencement of the UN High-Level Meeting on Universal Health Coverage and the responses on SRHR;
  - b. Gender Based Violence;
  - d. Sexual and Reproductive Health and Rights;
  - e. Right to Safe Abortion
  - e. Conflict and Health
  - f. Mental Health.
  - g. Disability and Sexual Health
  - h. Migration and women's health
  - i. Gender and NCDs
  - j. Issues related to women Health Workforce
  - k. Other issues

Please add if you think of any other issues related to the thematic group. However, some of them will be covered in the other thematic groups of PHM.

2. Blog posts or commentaries on issues of gender and public health.

We invite you to share your thoughts and commentaries in the form of blogs and short articles (about 500 words), which can be posted on the PHM website.

Anyone interested to write, speak, podcast can write to us indicating your interest in a specific theme of regional importance and relevance. To kick things off, Sarojini, Deepa and Sulakshana are planning to do a podcast on UHC and gender, SRHR. More details will be shared soon.

We look forward to receiving your suggestions, ideas and resources from other parts of the world as well.

Warm Regards

Sarojini N

On behalf of PHM Gender Justice Thematic Group

(with support from Deepa & Sama team)

## **A civil society assessment of the political declaration of the UN High Level Meeting on Universal Health Coverage**

**People's Health Movement, Partners In Health, Sama, Medicus Mundi International and Public Services International**

16 September 2019

On 23<sup>rd</sup> September 2019, Heads of State and Government and representatives of States and Governments will meet for the UN High Level Meeting (HLM) on Universal Health Coverage (UHC). A political declaration<sup>1</sup> has been prepared, to be approved at the meeting.

Though the declaration has attempted to incorporate a range of issues related to health and healthcare, we have a number of concerns regarding certain specific commitments and actions as well as important issues that the declaration omits to mention.

### **Concerns regarding specific commitments and actions proposed**

1. Para 9 and Para 25 provide inadequate definitions of healthcare and healthcare access which is also open to multiple interpretations. The emphasis of the declaration is on “nationally determined sets” of health services to be provided, rather than articulation of access to healthcare as an entitlement. This runs counter to Para 1 of the declaration which reaffirms “the enjoyment of the highest attainable standard of physical and mental health” as a right of every human being. There is the danger of “nationally determined sets” being interpreted to mean a limited range of health services by governments. Further, there is a danger that a reduction of the meaning of healthcare as a right would limit the national set to interventions consisting of marketable commodities and leave a significant proportion of healthcare needs to private markets. There are many essential services which the poor cannot access due to financial barriers and social and other reasons of exclusion and marginalization. If universality is interpreted to mean a few select services provided so as to reach even the poor, while many services are left to the market, then it is iniquitous. Even if the “nationally determined set” of services is defined narrowly due to resource constraints, it should be based on the principle of equity in provision, and the access of the poor must be to a much larger set of services than the non-poor. Indeed, the more marginalized the people, the more comprehensive should be the range of services for which access and financial protection is provided. The obligation of the state to provide quality health services should include all services that people need in fulfillment of the larger goal of access to healthcare as a fundamental right.

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<sup>1</sup> We refer to the final draft of the Political Declaration of the High-Level Meeting published by the President of the UNGA dated 10th September: see <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/09/UHC-HLM-silence-procedure.pdf>

The commitment therefore should be to implement a comprehensive range of services by all countries, with differing national timelines for achieving the goal. If UHC is to be transformative and not just an empty promise, it must address the full extent of health needs of the population, with special attention to the poorest and most vulnerable communities.

2. In Para 13 and Para 46, the formulation conflates primary health care (which is an approach to the 22organising principles of healthcare as well as integration of action on the social determinants of health, all of which are required for attaining Health For All) with primary level healthcare which is limited to first contact care.

This would only be a semantic issue if in practice UHC had the same scope as PHC in the Alma Ata approach. However, the dominant discourse on UHC tends to emphasise the financing of curative healthcare services. In this declaration too, though the importance of SDH and need for intersectoral convergence find mention in some paras, UHC reads as if it were limited to curative care and its financing.

We are extremely concerned that instead of acknowledging that PHC, as espoused by the Alma Ata Declaration, represents a much broader articulation of universal access, health and wellbeing, the declaration attempts to subsume it under UHC.

3. Para 43 suggests an additional 1 percent of GDP, which is very concerning as there are countries with different levels of needs and public health expenditure. It is also not clear what this 1 percent is additional to. In most LMICs, much higher allocations for public health are required.
4. Para 54 suggests involvement of the private sector in the development of health and social related policies and also mentions “addressing and managing conflicts of interest and undue influence”. The experience in many countries has shown that while not – for – profit private 22organisations that work for vulnerable populations can be brought on board to advocate for public interest, it is nearly impossible to mitigate conflicts of interest in relationships with the for – profit private sector. While dialogue with for – profit private sector is needed for better regulation of its practices, they certainly should not be present at the policy table or be involved in assessing health and other social policies. Such a provision can be misused to further private rather than public interests.
5. We are extremely disappointed at the deletion of the mention of ‘sexual and reproductive health’ in Para 29 in the final draft. We emphasise the need for universal access to sexual and reproductive health and rights and reiterate that their access must be ensured for all. Gender equality and realization of human rights must be reorganised without any compromise through qualifying them.
6. Para 31 brings together and conflates two entirely different domains- one of public health surveillance and the other of vaccination. Though surveillance is important for vaccination, the mandate for public health surveillance is much larger. Vaccination at best provides protection against a very limited number of diseases.
7. Para 71 qualifies the addressing of particular needs and vulnerabilities “in accordance with relevant international commitments, as applicable and in line with national contexts and priorities”, which is unacceptable and in gross violation of the human rights of migrants, refugees, internally displaced persons. The approach of the right to health, as proclaimed in the

international human rights law of the United Nations, 23recognises that all people must have this right independent of their nationalities,. Moreover, the declaration fails to comment on the structural drivers of migration – which include immiseration of many millions by an inequitable economic system and conflicts driven by plundering of resources – and the health effects of migration policies.

### **Concerns regarding the omissions**

Though the Final Draft of the Political Declaration covers, often confusingly and repeatedly, a large number of areas, it is important to note its silences. The major omissions are as follows:

1. Governments, especially in LMICs, cannot have fiscal space unless there is an international economic order that promotes policies favourable to their environmentally-sustainable industrial growth, sustainable agriculture, cleaner environment and fair trade, involving affirmative actions that help weaker nations. Fiscal spaces will not open up unless there is a global push to curb the arms race, reduce defence expenditure, reduce sale of arms within and across nations and promote nuclear disarmament. It needs to be reiterated that free trade is not fair trade. The adverse impacts of ‘free’ trade agreements on health have been 23recognised by the Commission on Social Determinants of Health and by the Doha Declaration. Much of the global aid has failed to address the resource gap in a meaningful way and instead has been used to further the interests of the powerful. However, the Declaration remains silent on these issues.

UHC will not be achieved without significant and sustained funding. And, in an era of globalization, there needs to be an increasingly globalized notion regarding who bears responsibility for protecting and fulfilling the right to health. In this regard, we believe that the methods and practices of external aid should be considered as a responsibility to fellow human beings rather than a charity.

The achievement of health for all requires HICs and other global duty bearers committing global resources to close the gap between what LMICs countries can mobilize domestically and what is required for high-quality healthcare for all. Official development assistance needs to be significantly increased through the use of more participatory and representative funding mechanisms, which are less hegemonic, not tied to other bilateral deals, and equity and rights focused.

The political declaration fails to address this need to transfer resources from the Global North to the Global South for the achievement of the right to health for all. The status quo of global health funding is woefully inadequate.

2. There is no mention of profiteering 23corporates and multinationals, which are destroying health. These range from corporate hospitals to Big Food and from pharmaceutical corporations to extractive industries. In healthcare the corporate hospitals and private health insurance industry are intervening in public policy-making for their own profit and utilizing public funds. There is need to ring- fence public health and clinical decision-making from profit considerations, rather than promoting monetary provider incentives. The declaration needs to 23recognise that the notion of profit 23maximisation is incompatible with the notion of health as a public good and a human right.
3. Significantly, there is no commitment to strengthening government health services in the declaration. The public provision of health care is a requirement for achieving health equity.



However, in the dominant discourse on UHC, little emphasis has been given to the importance of public provisioning of healthcare and it continues to be so in this declaration. At any given level of development, given the nature of health markets, public financing without public provisioning will not adequately address either distribution of services or necessary 24prioritisation24 of preventive, promotive and essential curative services.

There is enough evidence globally to show that undermining and neglect of the public sector in providing healthcare exposes the more vulnerable populations, such as the poor, informal workers, indigenous people and women to market and other powerful forces and increases inequity in access to health care. In many countries, especially in LMICs, UHC is often conflated with coverage by state funded health insurance schemes. These schemes have brought in the private sector in a big way to provide healthcare services using public funding. Evidence from around the world shows that these schemes may not have led to financial protection from healthcare expenses, nor universal access and may have exacerbated existing health inequities. Global evidence also shows that countries with strong public health systems and publicly provided healthcare have done much better in terms of financial protection and equity in access than countries with a dominant private sector. Moreover, there is enough evidence of the good results of implementing the PHC strategy. A UHC oriented approach towards strengthening public sector provisioning and ‘care’ not ‘coverage’, can contribute to improving people’s health. The failure of the global community to call for and provide assistance to strengthening the delivery of public sector services is one of the main reasons behind the current crisis in healthcare. Much of this weakness was also driven by Structural Adjustment Programmes that were forced on countries by international financial agencies. Health sector reforms promoted by global health 24organisations in this context addressed selective priorities, but more often than not failed to see the necessity of robust government health systems. Indeed, a premature and misdirected push to p24rivatization in this period is one of the reasons for the current crisis in access to health care that the world is facing today. A failure to acknowledge this could lead to a repeat of the previous mistake. Just as selective PHC compromised comprehensive PHC of Alma Ata, this declaration’s “nationally determined sets” has the potential to undermine the goals of not only UHC but also Health for All.

UHC dominates the discourse on global health policy today. It can be interpreted in multiple ways, but its dominant discourse seems to be favouring market based neoliberal reforms. We are concerned that the HLM may end up reinforcing the same. Therefore we urge those discussing UHC at the UN HLM to engage with the concerns expressed in this assessment by civil society.

## The announcement dated 3 November, 2019 on ICPD 25 Nairobi Summit translated in French by Pacôme Tomètissi

Search mail

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Chers amis,

J'espère que vous vous portez bien. Alors que nous achevons presque un an depuis que nous nous sommes tous réunis lors de la PHA-4 à Savar, Dhaka, nous avons par conséquent tenu nos discussions thématiques sur le genre afin de renforcer ce thème au sein du MPS; Reprenons la même chose en affirmant que les droits des femmes et la perspective de la justice orientent notre engagement local / régional / organisationnel sur les questions de santé / santé publique, et si nous pouvions planifier quelque chose ensemble dans le cadre de ce groupe pour favoriser ces conversations et ce partage.

Nous avons précédemment partagé plusieurs plates-formes / espaces de dialogue politique, etc. au sein d'organes et de conférences de l'ONU et internationales. Cela pour vous rappeler le Sommet de la CIPD 25 qui se tiendra du 12 au 14 novembre à Nairobi et qui se penchera sur la santé reproductive et sexuelle et les droits des personnes, en particulier les femmes et les jeunes filles. Voici le lien vers le sommet - <https://www.naiboisummiticpd.org/> Comme nous l'avions déjà dit, il est nécessaire d'examiner de manière critique les engagements et les programmes de la CIPD 25, et nous de Sama avec d'autres groupes de femmes. / La société civile en Inde a soumis nos commentaires sur le même sujet. Le brouillon des engagements avec les commentaires de plusieurs organisations de défense des droits, etc., est joint. PopDev et ses collaborateurs vous invitent à vous inscrire à [Un nouvel appel à la résistance féministe pour le contrôle des populations](#). La prochaine CIPD25, qui se tiendra du 12 au 14 novembre à Nairobi (Kenya), marque le vingt-cinquième anniversaire de la Conférence internationale sur la population et le développement de 1994. Dans l'esprit des défis féministes du contrôle de la population à la Conférence du Caire, nous estimons qu'il est important de reconnaître et de remettre en question le contrôle de la population à l'ère des changements climatiques, alors que nous promouvons une approche de justice sociale pour les problèmes de santé et d'environnement.

Veillez signer et ajouter votre nom (si vous le souhaitez) au plus tard le lundi 4 novembre. Lorsque vous ouvrez le lien, un message "Open with" s'affiche en haut de la page. Vous pouvez l'ouvrir dans Google Documents et ajouter votre signature à la liste au bas du document ou envoyer un e-mail à [popdev@hampshire.edu](mailto:popdev@hampshire.edu) avec votre nom, votre affiliation organisationnelle et votre emplacement. Nous supposerons et noterons que toutes les affiliations pour des individus sont enregistrées pour identification seulement. Les signatures d'organisation sont les bienvenues.

Même si nous ne révisons pas la déclaration pour le moment, vos commentaires sont les bienvenus à l'adresse suivante: [popdev@hampshire.edu](mailto:popdev@hampshire.edu)

- Les collectivités de "Jeunesse et ODD" d'Asie Pacifique ont rédigé une déclaration pour renforcer les engagements
- Un autre groupe de féministes et de militantes juridiques a publié une déclaration à travers son réseau appelant à renforcer la voix de "l'avortement sans risque" dans le programme de la CIPD 25, l'accès à un avortement sans danger étant essentiel pour assurer une santé et droits sexuels et reproductifs. La déclaration est à nouveau jointe ci-dessous pour votre référence, et vous pouvez également la signer personnellement [ici](#), jusqu'au 5 novembre 2019. Si vous le souhaitez.

En outre, il serait bon que chacun de vous parle de cette implication, de ces documents, etc. être utile pour diffuser au sein de notre groupe. Faites-nous savoir si vous participez à la CIPD + 25

Deuxièmement, nous aimerions vraiment avoir des idées sur l'engagement de fond au sein de ce groupe. Nous avons déjà partagé avec vous l'idée de webinaires sur des séries de thèmes. Il serait bon d'avoir de vos nouvelles à ce sujet. Peut-on penser à planifier quelque chose en décembre? Tous les volontaires sur des idées ou de la coordination pour faciliter ceci sont les bienvenus, nous sommes heureux de travailler à ce sujet.

Au plaisir de vous entendre.  
Solidairement, Sarojini au nom du groupe thématique sur le genre, la justice et la santé du MPS

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Pacôme.

5 Attachments

Nairobi Summit ...  
Asia Commitments...  
Global Declaration ...  
A Renewed Call for...  
A Renewed Call for...

Sarojini N B <sarojini@phmovement.org>  
to Pacôme, wcafrica

Thanks Pacome for translating it into French.  
Best wishes  
Sarojini

Nov 5, 2019, 8:57 AM

### **Draft Framework: Committee Against Sexual Harassment (CASH)**

In order to institutionalize a comprehensive and systemic response to the issue of sexual harassment it is important to draft guidelines outlining certain points including the following

- A. Preamble statement on Zero Tolerance to Sexual Harassment; why for instance PHM feels the need to take this initiative (outlining the commitment, any specific context (if any) etc.
- B. Defining Sexual Harassment- While broad definitions of sexual harassment are available, it would be good to include one of the definitions and elaborate further on it within the context of PHM-considering the nature/scope of 'world of work' here, and considering the different capacities people are involved here and so on.
- C. Complaint Committee-constituting the committee and sharing the contact details of all the members on a public platform maintained by PHM (website portal, any organizational document, etc.)
- D. Role of the committee - The Committee will be empowered to receive complaints, attempt informal resolution through conciliation/facilitating discussions between the parties involved, conduct formal enquiries and recommend appropriate actions for redressal in a time bound manner. So, setting up time binding commitment will be required. For example, initiating proceeding on receiving the complaint within 2 weeks or 3 weeks, similarly a time set for finalising the enquiry process and resolution, etc.
- E. Clearly defining who all will be covered by the guidelines -
  - a. For instance-all the health activists involved in the movement across different countries, regions
  - b. Any and All participants associating with defined programmes of PHM such as IPHU, WHO Watch, PHAs, etc.
  - c. Any consultant/employee under contract doing any work for PHM
- F. Recognising the executive body to which the complaints committee could recommend actions to be undertaken, including preventive measures like awareness building on this issue-Global secretariat/coordinator could play this role.
- G. Deliberating on what could form the range of responses as resolutions that the Committee could take up in response to any complaint. It could be-
  - a. Seeking apology from the perpetrator- Public apology, or apology directed to the complainant
  - b. Seeking further commitment to be cognizant of their behavior-for instance if the complaint is against any hotel/conference staff that was hosting PHM programme-then the committee would hold the prerogative to direct the guidelines to any or such party to take further steps to sensitize their staffs and commit to provide a safe space in their future provisions

- c. Holding back promised remuneration/or a fraction of it for a given time if the perpetrator is in a contract relationship with the PHM such as resource persons, or employees, or consultants etc (Putting reprimand letter in the personnel file record, forfeiting annual increment, suspension, dismissal etc are some of the steps that are in practice by organizations when the perpetrator is an employee-depending the on the nature of offence and as the committee sees fit after duly enquiring into the case)
  - d. Any other
- H. Defining certain conditions/limitations in the functioning of the committee-for instance not allowing the parties to seek legal representations when the complaint is been enquired by the committee and that the committee will directly be talking to the parties and strive to look for resolution given the civil (and not criminal) nature of work that this committee is empowered with. Should any party feel grossly violated and wants to seek criminal proceedings-that would lie outside the ambit of this committee.
- I. This committee would also be entrusted with capacity building of core team/staffs on this issue-towards creating a gender sensitized/non-discriminatory/inclusive space of work/interactions in the world of work. It would be advisable that the committee commits to provide an annual report of its functioning, put it in appropriate file/share it with secretariat, etc. (The key issue is to not let it become adhoc but how to visibilise the issue and non-acceptance of harassing behavior in a systemic manner).