

Women's voices on Structural Violence in Healthcare:

Remarks by :

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Good Afternoon Ladies and Gentlemen,

My name is Lillian Mworeko. I bring you greetings from Uganda and from the International Community of women living with HIV in Eastern Africa (ICWEA).

ICWEA, a regional network for and by women living with HIV, we give visibility, promote women's collective voices to advocate & claim our rights. We mobilize, mentor, create safe spaces, & build women's capacity. We do research on issues critical to HIV policies & programs, yet missing from academic & development analysis. We build bridges & open dialogues, we monitor political commitments & proposing improvements on policy & law.

Our vision is a world where all women living with HIV have a respected & meaningful involvement at all political levels, wherever decisions that affect our lives are made. Have full **access to care and treatment services** and enjoy our **rights fully**, particularly our Sexual Reproductive Health.

I am proud to speak on behalf of communities, on behalf of Women and Girls- Women citizens of the Commonwealth, women in all OUR diversities—of age, health status, literacy, rich and poor, of color or without, women of all sexuality status and to a given extent, to represent women living with HIV in which ever country they live:

During this Week as the World Assembles in Geneva ON HEALTH, Deliberations will be on global health goals, new paradigms, the breakthroughs and the challenges - we wish to put it to you – that until women including young women, girls and adolescent vulnerabilities take a significant part in this discussion – there remains a huge health challenge un tackled.

Core to the urgency is the Structural violence against women and girls – violence experienced and inflicted due to health systems, due to governance failures, poor allocation of resources, violence that would be avoided if states, our leaders understood and prioritized women's health.

I represent the women today – and would like to put one request to the Commonwealth Ministers convening - must “get real” about putting communities –specifically women at the center of the world health response.

This means defining, aggressively promoting, tracking investments, and significantly increasing funding for the community and health systems strengthening that will address Structural violence head on.

The Policy brief on women's voices for structural violence - (**that I hope we each will read**) that has been endorsed by Civil Society Organisations (CSOs) and communities makes case that:

- Although Equitable access to health care and other social services is a shared aspiration across Commonwealth countries, For most countries there exists the deficits in health policy and practice that results in patterns of inequity and exclusion that have contributed to structural violence against its socially marginalized citizens - women in OUR diversities in particular.

The First issue is Poor Health from the start - Failing primary health care

- A disproportionate burden of ill health and social suffering amongst vulnerable women has been occasioned by deficient health systems particularly Primary Health Care Systems in turn leading to structural inequities and violence.
- In developing countries, mostly poorer Commonwealth Africa and Asia, Primary Health Care is not as accessible or effective; people delay seeking help; rely on emergency care; and lose the benefits of continuity of care. Evidence suggests there is much higher maternal mortality in poorer regions due to a lack of effective Primary Health Care: low family planning availability or use; limited access to antenatal care; inadequate HIV services; long distances to facilities; lack of basic information; and lack of emergency obstetric care, among others.

Second Issue - Gross human rights violations and discrimination

Although we have the laws and have ratified some of the human rights declarations – these have not protected women enough

All Commonwealth countries are party to at least one human rights treaty that addresses health-related rights. Yet harmful laws, policies and practices routinely interfere with access to health care and increase vulnerability to ill health, particularly for women, poor, marginalized or criminalized populations.

More specifically - Allow me to highlight the plight of Women Living with HIV.

Forced and/or coerced sterilization is a growing concern in Asia and in Africa:

In My region Eastern Africa – I have taken effort to relate to women that have suffered this violation, spoke with and felt the brunt of over 40 women who have suffered forced sterilization because of their HIV status.

They now languish at the lack of child bearing, at the pain of their choice being robbed and majority have been forced out of their marriage as a result – in Africa, if you cannot bear children – then you have no place in marriage.

A health system that should have been protective, inflicted violence on Stella, Maria, Wanjiku, Omona and many like them. Like any other contraceptive method, sterilization should only be provided with the full, free and informed consent of the individual).

Stigma discrimination and poor attitudes in health care facilities:

Health care is one of the many settings where women living with HIV experience violence, abuse and lack of respect for their rights. Sex workers living with HIV, drug users living with HIV, women living with disability and with HIV and young women living with HIV, face particular forms of violent treatment in the health care setting.

High cost and inaccessibility to health care

Health care is expensive for women to afford

Health insurance coverage does not eliminate cost-related barriers to care. Women face higher health costs than men due to their greater use of health care yet they are more likely than their male counterparts to be poor, unemployed or else engaged in part-time work or work in the informal sector that offers no health benefits.

Gender Based Violence (GBV) - Violence against women is a growing epidemic alongside HIV.

Globally, Violence against women remains a concern- the statistics as provided in the policy brief are alarming.

Therefore it is important that states and our governments: Focus on people, not countries. Focus on how governments system harm or fail to protect people and remove the barriers.

Focus on the most marginalized and vulnerable – build systems that empower them and not make them more victims.

- Treat them **whoever** they are. Whether they are women of color, transgender women, or women of disability. The States and our governments must be bolder in how they address structural violence in particular as it relates to women and young girls.

The Commonwealth Ministers of Health as they convene tomorrow, must declare an end to all forms of violence, both interpersonal and structural, identify and commit to instituting mechanisms to address GBV around a clear and coherent agenda, ensuring social cultural systems, laws and policies are preventing violence and influencing violence free systems and communities.

All financial barriers that limit women and girls from accessing health care services must be removed. Removing financial barriers to care must be accompanied by efforts to ensure that health services are appropriate, acceptable and of high quality to meet the needs of girls and women.

Commonwealth Ministers of Health must ensure that there is substantial investment in Primary Health Care that results in continuous **availability of essential drugs; prevention services for endemic diseases; immunization services; treatment of communicable** and non-communicable diseases; maternal and child health services; nutritional services; health education; and water and sanitation services. Women's health services should be integrated as a mandatory part of Universal Health Care and regulations established, monitored and enforced at all levels to increase utilization and accessibility.

Commonwealth Ministers of Health must adopt indicators that demonstrate leadership and the implementation of International aspirations, progressive laws and policies that protect women and girls against violence and enhance equitable health development.

Demonstrable leadership means committing budget allocations to women's health, women's education and empowerment, the involvement of women in decision making and governance, and an understanding of gender that puts both women and men's unique health needs into consideration.

Leadership means that countries pass, adhere and implement recommendations by the UN, WHO and other. International health agencies to promote healthy women's lives and to protect women's health against the ill effects of structural violence in order to achieve the Declaration of Alma-Ata for sound health for all by 2020.

We can do better.

We must increase investments in human rights programming at the country level.

Our work is far from done, the Commonwealth in to 'Shaping the Future. 'Of its citizens – women and girls protection from Violence is very central.

It's not just women's future to shape - it's all our children's future, the future of all men and boys, the future of the Ministers, parliamentarians,

It's about the future of the common wealth - where violence, in all its forms is eradicated. We can achieve such a health system.

It's about all of us.

Thank You!